AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					CONTRACT ID CODE		PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	-	3. EFFECTIVE	DATE	4 REC	QUISITION/PURCHASE REQ. NO.	5 PR	1 3 OJECT NO. (If applicable)				
P00008		See Bloo			18FEP00000029	0.11	to the in applicable				
6. ISSUED BY	CODE	ICE/DCR	CK 10C	7. AD	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR				
ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION 801 I STREET NW SUITE WASHINGTON DC 20536					ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE WASHINGTON DC 20536						
8. NAME AND ADDRESS OF CONTRACTOR (I	Vo., street,	county, State and	ZIP Code)	(v) 9A	. AMENDMENT OF SOLICITATION NO.						
COUNTY OF OTERO 26 MCGREGOR RANGE RD CHAPARRAL NM 880817753				98 × 10	A. MODIFICATION OF CONTRACT/ORDER NOT CONTRACT/ORDE	NO.					
				l ()—	SCEDM-17-F-IG138 B. DATED (SEE ITEM 13)						
CODE 9290769130000	6	FACILITY COL	ne .								
8290769130000					03/20/2017 MENTS OF SOLICITATIONS						
THE PLACE DESIGNATED FOR THE RECE	eference IPT OF C e an offer	to the solicitation FFERS PRIOR already submit	n and amendment numb TO THE HOUR AND Do ted , such change may b	oers. Fr ATE SPE oe made	ceipt of this amendment on each copy of the of AILURE OF YOUR ACKNOWLEDGEMENT TO ECIFIED MAY RESULT IN REJECTION OF YOur by telegram or letter, provided each telegram ecified.	D BE RE	CEIVED AT FER If by				
12. ACCOUNTING AND APPROPRIATION DATES See Schedule	A (If requ	ired)	Net	Inc	crease:)(4)					
	ES TO MO	DIFICATION O	E CONTRACTS/ORDER	SITM	ODIFIES THE CONTRACT/ORDER NO. AS DE	ESCRIBE	ED IN ITEM 14				
	ONTRAC F FORTH	T/ORDER IS M IN ITEM 14, PU	ODIFIED TO REFLECT IRSUANT TO THE AUT	THE AD HORITY	GES SET FORTH IN ITEM 14 ARE MADE IN T MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b).						
D. OTHER (Specify type of mod	dification	and authority)									
X Unilateral Fundi	.ng M	odificat	ion								
E. IMPORTANT: Contractor X	s not.	is required t	o sign this document an	d return	copies to the issuir	ng office	: 25				
14. DESCRIPTION OF AMENDMENT/MODIFIC DUNS Number: 829076913 Field Office Point of Co Alternate Field Office P Contracting Officer's Re Alternate COR: (D)(6)(D)(7)(C) Contracting Officer: (D)(6) Contract Specialis (D)(6)(D)(7)(C)	ntact OC: '	(b)(6);(b)(7)((b)(6);(b)(7)(entative 9	915 856-	915- (b)(6) (b)(7)	85 ((b)(6),(b)(7)	#00 1 ()					
This modification to the services for ICE detaine the Otero County, New Me Continued	es at xico	the Ot Intergo	ero County P vernmental S	roce ervi	ssing Center under the ce Agreement (IGSA) ERC	prov DIGSA	visions of A-14-0001.				
Except as provided herein, all terms and condition 15A. NAME AND TITLE OF SIGNER (Type or p		aocument refe	renced in item 9 A of 10	_	NAME AND TITLE OF CONTRACTING OFF						
			(rp)(f	6);(b)(7							
15B. CONTRACTOR/OFFEROR		7	15C. DATE SIGNE	/n-//							
outcomes the state to some the terms of the state of the											
(Signature of person authorized to sign)					TAKILLE	DU EUDWAUADEN SV 601				
NSN 7540-01-152-8070					8	AUNDA	RD FORM 30 (REV. 10-83)				

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00008

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (B) (F) The purpose of this modification is as follows: A. Provide funding in the amount of for Detention Services (CLIN 0001A). B. As a result, the obligated amount of this Task Order has increased: From . By: \$ To: \$ The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ********** Exempt Action: Y Sensitive Award: SPII FOB: Destination Period of Performance: 02/01/2017 to 01/31/2018 Change Item 0001a to read as follows (amount shown is the total amount): 0001a Detention Services 7,242,843.18 Bed Day Rate of as of October 3, 2017 and stated on P00009 of contract EROIGSA-14-0001. The amount for this CLIN has increased From By: To: The quantity for this CLIN has increased: From By: To: Accounting Info: Continued ...

PAGE

3

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00008 PAGE 0F 3 3

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded (b)(4) All terms and conditions remain the same

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				CONTRACT ID CODE	PA	AGE OF PAGES
	NT/MODIFICATION NO.	3. EFFECTIVE DATE	A DE	QUISITION/PURCHASE REQ. NO.	E PRO I	1 4 ECT NO. (If applicable)
	NI/MODIFICATION NO.			118FEP00000058.1	5. PROJ	ECT NO. (II applicable)
P00010 6. ISSUED BY	CODE	See Block 16C ICE/DCR		DMINISTERED BY (If other than Item 6)	CODE	ICE/DCR
IMMIGRA OFFICE 801 I S	NTION COMPLIANCE REM TION AND CUSTOMS ENFO OF ACQUISITION MANAGE TREET NW SUIT (6)(6)(6)(7)(0 TON DC 20536	OVALS RCEMENT MENT	ICE IMN OFF	EDETENTION COMPLIANCE R	EMOVA	LS MENT
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.		
26 MCGRI	DF OTERO EGOR RANGE RD AL NM 880817753		× 10 E	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDER NOT ITEM 17 PER 18 P	0.	
			1 H	OB. DATED (SEE ITEM 13)		
CODE 82	290769130000	FACILITY CODE		03/20/2017		
		11. THIS ITEM ONLY APPLIES TO A				
separate le THE PLAC virtue of thi reference to 12. ACCOUN	tter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF C s amendment you desire to change an offe to the solicitation and this amendment, and TING AND APPROPRIATION DATA (If requ	to the solicitation and amendment numb PFERS PRIOR TO THE HOUR AND DA r already submitted , such change may b s received prior to the opening hour and	oers. F ATE SP oe made date s	eceipt of this amendment on each copy of the of FAILURE OF YOUR ACKNOWLEDGEMENT TO PECIFIED MAY RESULT IN REJECTION OF YO a by telegram or letter, provided each telegram or pecified. (b) (7)	BE RECE UR OFFEI or letter ma	EIVED AT R If by
See Sch	edule	21-7-1	S CONTRACT			
	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	S. IT N	MODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED	IN ITEM 14.
CHECK ONE	STEEL STATE OF THE	T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE AI HORIT	IGES SET FORTH IN ITEM 14 ARE MADE IN T DMINISTRATIVE CHANGES (such as changes of the such		
V	D. OTHER (Specify type of modification					
X	Unilateral Funding M		4 - 4	5.50 (4) 5.54 (4) 4.50 (4) 5.50 (4)		
E. IMPORTAN		is required to sign this document and		copies to the issuing solicitation/contract subject matter where feasible		
DUNS Nu Field O Alterna Contrac Alterna Contrac		t: (b)(6)(b)(7)(C) , 915 856- entative (CO(0)(6)(0)(7)(0) (915) 834-(0)(6)(0) (202) 732	15- (b)(6 C)	-856- <mark>(D)(6)(D)</mark>); 915) 834-(D)(6)(D)		
service the Ote Continu Except as pro	s for ICE detainees a ro County, New Mexico ed	t the Otero County P Intergovernmental S e document referenced in Item 9 A or 10	roce ervi A, as h	vide additional funding essing Center under the ice Agreement (IGSA) ERO eretofore changed, remains unchanged and in for NAME AND TITLE OF CONTRACTING OFFICE	provi IGSA- jull force an	sions of 14-0001.
15B. CONTR.	ACTOR/OFFEROR (Signature of person authorized to sign) -152-8070	15C. DATE SIGNED)(6),(t	s:	TANDARD	ED party, qualCE, quar-People ERI, DE R. R. R. P. FORM 30 (REV. 10-83)
Previous editi					rescribed b	

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Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00010

PAGE 0

4

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to provide funding for transportation services in the total amount of state of the contract Line Item Numbers (CLINs) for details.				
	As a result, the obligated amount of this Task Order has increased:				
	(b)(4) From By: To:				
	The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************				
006	Medical, Dental, and Check Cashing Transportation (effective 3/1/2016) at a rate of month.				234,685.
	Funding provided has increased: From: (D)(4) By: \$ To: \$				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Continued			ľ	

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED REFORM 14-0001, /HSCEDM-17-F-IG138/P00010 PAGE OF 3 4

NAME OF OFFEROR OR CONTRACTOR

COUNTY OF OTERO

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
Name /	000000	14054	.=3/	/3/= 6	A 50.00
2)	Funded: \$0.00				
	(b)(7)(E)				
i d	Funded: \$0.00				
	Accounting Info:				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded:(b)(4)				
	Change Item 0006A to read as follows (amount shown				
	is the total amount):				
0006A	Stationary Guard Rate				53,892.08
	(b)(4) r hour				10
	Funding has increased: From: (b)(4)				
	Ву: \$				
	To: \$				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	CALACE)				
	Funded (b)(4)				
	Change Item 0006B to read as follows (amount shown is the total amount):				
0006B	(b)(4) Stationary Guard Rate				26,325.74
	per hour				
	Funding has increased:				
	From (b)(4) By:				
	Continued	:			
SN 7540-01-15					

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00010 PAGE OF 4 4

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Accounting Info: Funded: \$0.00 Accounting Info: Funded(b)(4) All terms and conditions remain the same

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				CONTRACT ID CODE	PAGE OF PAGES		
	NT/MODIFICATION NO.	3. EFFECTIVE DATE	I A DE	QUISITION/PURCHASE REQ. NO.	E DDO	1 4 JECT NO. (If applicable)	
	NT/MODIFICATION NO.			118FEP00000070	5. PRO	JECT NO. (If applicable)	,
P00011 6. ISSUED BY	CODE	See Block 16C		DMINISTERED BY (If other than Item 6)	CODE	ICE/DCR	
ICEDETE IMMIGRA OFFICE 801 I S			ICI IMI OFI 80		EMOVA FORCE	LLS MENT	
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.			
26 MCGRI	DF OTERO EGOR RANGE RD AL NM 880817753		9 x 1	B. DATED (SEE ITEM 11) OA. MODIFICATION OF CONTRACT/ORDER NOT SERVICE	NO.		
			1	0B. DATED (SEE ITEM 13)			
CODE 82	90769130000	FACILITY CODE		03/20/2017			
5 		11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS			
Items 8 and separate le THE PLACI virtue of this reference to	115, and returning cop tter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF C	oles of the amendment; (b) By acknowle to the solicitation and amendment numb OFFERS PRIOR TO THE HOUR AND Dir already submitted, such change may be sreceived prior to the opening hour and	edging r bers. I ATE SF be mad d date s	***************************************	ffer submit DBE RECI DUR OFFE	tted ; or (c) By EIVED AT ER If by	
See Sch		Net	t In	crease:			
		ODIFICATION OF CONTRACTS/ORDER	RS. IT I	MODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED	IN ITEM 14.	-
CHECK ONE	A THIS CHANCE OPDED IS ISSUED I	HIDCHANT TO: /Chapite outbooks). THE	CUAN	IGES SET FORTH IN ITEM 14 ARE MADE IN T	THE CONT	TRACT.	-
	ATTENDED A TO CONTROL CONTROL OF A TO A	T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE A	DMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).			
Х	Unilateral Funding M	1					
E. IMPORTAN		is required to sign this document an	nd retur	n copies to the issuin	ng office		-
				solicitation/contract subject matter where feasily			
Alterna Contrac Alterna Contrac	mber: 829076913 ffice Point of Contact te Field Office POC: ting Officer's Represe te COR: (b)(6)(b)(7)(C) ting Officer(b)(6)(b)(7)(C) t Specialist: (b)(6)(b)(7)(C)	(b)(6)(b)(7)(C) 915 856- entative (COR) (b)(6)(b) (915) 834-(b)(6)((202) 732	(7)(C) -(b)(6	(915) 834 <mark>(b)(6),(b)(</mark>			
service the Ote Continu	s for ICE detainees a ro County, New Mexico ed	t the Otero County P Intergovernmental S	roce Serv	vide additional funding essing Center under the ice Agreement (IGSA) ERO	provi)IGSA-	sions of -14-0001.	
	ND TITLE OF SIGNER (Type or print)		164	NAME AND TITLE OF CONTRACTING OFFI			-
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNED				GN I d Sector 38538	ED unity, ou=ICE, ou=People 81603JCE.1
NSN 7540-01	(Signature of person authorized to sign) -152-8070			S	TANDARI	D FORM 30 (REV. 10-83	3)
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2018-ICLI-00040 7072

Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00011

PAGE 2

4

TEM NO.	SUPPLIES/SERVICES	QUANTITY	810000	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is as follows: A. Add Ms. Stella Tellas as an Alternate Contracting Officer Representative (ACOR). B. Provide funding for Transportation and Related Transportation Services in the total amount of \$120,000.00 Please see Contract Line Item Numbers (CLINs) for details. The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************				
	FOB: Destination Period of Performance: 03/01/2017 to 02/28/2018 Change Item 0006 to read as follows(amount shown				
	is the total amount):				
006	Medical, Dental, and Check Cashing Transportation (effective 3/1/2016) at a rate of month.				262,295.
	Funding provided has increased: From (b)(4) By: To:				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
Ĭ	(b)(7)(E)				
53	Funded: \$0.00				
	Accounting Info:				
(b)(7)(E)				
	Continued				
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00011 PAGE OF 3 4

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded: Change Item 0006A to read as follows (amount shown is the total amount): 0006 103,892.08 pnary Guard Rate per hour Funding has increased: From Ву: To: Accounting Info: Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded (b)(4) Change Item 0006B to read as follows (amount shown is the total amount): 0006B Overtime Stationary Guard Rate 68,715.74 Continued ...

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00011

M NO.	SUPPLIES/SERVICES	QUANTITY	STREET	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	(b)(4) per hour				
	Funding has increased:				
	Fron ^{(b)(4)}				
	By:				
	To:				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	(e)(e)(e)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded: (0)(4)				

	As a result, the obligated amount of this Task Order has increased:				
	order has increased.				
	Fron ^{(B)(4)}				
	By:				
	To:				
	All terms and conditions remain the same			12	
		1	ı I	1	

AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CONTRA	СТ	CONTRACT ID CODE	PA	PAGE OF PAGES				
			102.00	EQUISITION/PURCHASE REQ. NO.	Is ppo	1 6				
	NT/MODIFICATION NO.	3. EFFECTIVE DATE	coc	Schedule	5. PROJ	IECT NO. (If applicable)				
P00012 6. ISSUED BY	CODE	See Block 16 ICE/DCR)C	DMINISTERED BY (If other than Item 6)	CODE	ICE/DCR				
ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITION WASHINGTON DC 20536				ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE WASHINGTON DC 20536						
O NAME AND	ADDDESS OF SOUTDANTOR			A MENDMENT OF COLUMN ATTOMATO						
COUNTY C 26 MCGRE	ADDRESS OF CONTRACTOR (No., street, DF OTERO EGOR RANGE RD AL NM 880817753	county, State and ZIP Code,	× 1	DB. DATED (SEE ITEM 11) OA. MODIFICATION OF CONTRACT/ORDER EROIGSA-14-0001, HSCEDM-17-F-IG138 OB. DATED (SEE ITEM 13)	t NO.					
CODE 92	00700120000	FACILITY CODE								
82	90769130000		ADDUTES TO AME	03/20/2017 DIMENTS OF SOLICITATIONS						
separate let THE PLACE virtue of this reference to	tter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF C s amendment you desire to change an offer o the solicitation and this amendment, and i	to the solicitation and an DFFERS PRIOR TO THE r already submitted, such is received prior to the op	nendment numbers. HOUR AND DATE Sin change may be madening hour and date s	**************************************	TO BE RECE YOUR OFFE	EIVED AT R If by				
See Sch	FING AND APPROPRIATION DATA (If requ	uired)	Net In	crease:	(b)(4)					
	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTI	RACTS/ORDERS. IT	MODIFIES THE CONTRACT/ORDER NO. AS I	DESCRIBED	IN ITEM 14.				
CHECK ONE	Annual Communication of the Co	CT/ORDER IS MODIFIED I IN ITEM 14, PURSUAN	TO REFLECT THE A	NGES SET FORTH IN ITEM 14 ARE MADE IN DMINISTRATIVE CHANGES (such as change TY OF FAR 43.103(b). RITY OF:						
	D. OTHER (Specify type of modification	a service = cor								
X	Unilateral Funding M			C 10.1040-0.042 Months 60-30-30						
DUNS Nur Field O: Alternat Contract Alternat	TION OF AMENDMENT/MODIFICATION (The mber: 829076913 Iffice Point of Contact The Field Office POC:	b)(6);(b)(7)(C))(6);(b)(7)(C) entative (COP 915) 834 <mark>(b)(</mark>	915 856-(10)(8): Raul Ca	a solicitation/contract subject matter where fear $-856-5513$	sible.)					
services the Oter Continue Except as pro	s for ICE detainees at ro County, New Mexico ed	t the Otero (Intergovernm	County Proc mental Serv	vide additional funding essing Center under the ice Agreement (IGSA) ER heretofore changed, remains unchanged and it A. NAME AND TITLE OF CONTRACTING OF	provi OIGSA- n full force a	sions of 14-0001.				
				6);(b)(7)(C)						
15B. CONTRA	ACTOR/OFFEROR	15C. DA	TE SIGNED			16C. DATE SIGNED				
The same and a second s	(Signature of person authorized to sign)				OTAND 100	3/20/2018				
NSN 7540-01-	-152-8070				STANDARD	FORM 30 (REV. 10-83)				

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Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00012

PAGE 2

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is as follows: A. Incorporate Contract Line Item (CLIN) 0007-Fiscal Year 2018 (FY 18) Portion for Request for Equitable Adjustment (REA) B. Incorporate CLIN 0008-Fiscal Year (FY 17) Prior Year Funding. C. Provide funding in the total amount of (0)(4) , please see CLINs for details. D. Pay the Fiscal Year 2018 (FY 18) portion of a REA from the incorporation of Wage Determination associated in CLIN 0007 E. Pay the Fiscal Year 2017 (FY 17) portion of a REA using Prior Year Funding associated in CLIN 0008				
	The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.				
	Exempt Action: Y Sensitive Award: SPII FOB: Destination Period of Performance: 03/01/2017 to 02/28/2018				
	Change Item 0001a to read as follows(amount shown is the total amount):				
0001a	Detention Services Bed Day Rate of \$92.01 as of October 3, 2017 and stated on P00009 of contract EROIGSA-14-0001.				10,682,829.
	The amount for this CLIN has increased From (9)(4) By: To: Requisition No: 192118FEP00000007, 192118FEP00000020, 192118FEP00000029, 192118FEP000000043.1, 192118FEP000000045				
ļ	Accounting Info: (b)(7)(E) Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED REFORM 14-0001, /HSCEDM-17-F-IG138/P00012 PAGE OF 3 6

EM NO.	SUPPLIES/SERVICES	QUANTITY	S. 100 S.C.Y	UNIT PRICE	AMOUNT
(A)	(B) (b)(7)(E)	(C)	(D)	(E)	(F)
		1:			
	Funded: \$0.00				
	Accounting Info:				
	Funded: \$0.00				
	Accounting Info:	12 3		E.	
	Funded: \$0.00	1			
	(b)(7)(E)	1			
		. :			
	Funded: \$0.00				
	Accounting Info:				
	Funded: (b)(4)				
	Change Item 0006 to read as follows(amount shown				
	is the total amount):				
06	Medical, Dental, and Check Cashing Transportation				276,100
	(effective 3/1/2016) at a rate of (0)(4)				
	month.				
	Funding provided has increased:				
	From (0)(4) By:	ā i			
	To:				
	Requisition No: 192117FEP00000329,				
	192117FEP00000531, 192117FEP00000595, 192117FEP00000647, 192118FEP00000043.1,	1:		Ŀ	
	192118FEP00000058.1, 192118FEP00000070				
	Accounting Info:				
	F(b)(7)(E)				
	1				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
		:			
	Funded: \$0.00				
	Continued				
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00012 PAGE OF 6

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

SUPPLIES/SERVICES ITEM NO. QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Accounting Info: Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded: \$0.00 Accounting Info: Funded www Discount Terms: Net 30 Change Item 0006A to read as follows (amount shown is the total amount): 0006A 105,892.08 mary Guard Rate per hour Funding has increased: From By: To: Requisition No: 192117FEP00000595, 192118FEP00000043.1, 192118FEP00000058.1, 192118FEP00000070 Accounting Info: Funded: \$0.00 Accounting Info:

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00012

PAGE OF 5 6

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Funded: \$0.00 Accounting Info: runaea: ३0.00 Accounting Info: Funded: Change Item 0006B to read as follows (amount shown is the total amount): 0006B Overtime Stationary Guard Rate 70,910.74 per hour Funding has increased: From Ву: To: Requisition No: 192117FEP00000595, 192118FEP00000043.1, 192118FEP00000058.1, 192118FEP00000070 Accounting Info: Funded: \$0.00 Accounting Info: Accounting Info: Funded: \$0.00 Accounting Info Funded Add Item 0007 as follows: Continued ...

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED FAGE OF EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00012 6 6

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
(A) 0007	(B) Fiscal Year 2018 (FY 18) Portion for Request for Equitable Adjustment Due to an increase n the Wage Determination 2015-5455 Revision No. 2, Dated 12/30/2016 with an effective date of 04/01/2017. Funds associated are from 10/01/2017 to 02/28/2018 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192118FEP00000043.1 Accounting Info: b)(7)(E) Funded: (D)(4)	(C)	(D)	(E)	(F) 76,858.85
	Discount Terms: Net 30 Add Item 0008 as follows:				
0008	Fiscal Year (FY 17) Prior Year Funding Due to a Request for Equitable Adjustment Due to an increase in the Wage Determination 2015-5455 Revision No. 2, Dated 12/30/2016 with an effective date of 04/01/2017. Requisition No: 192118FEP00000097 Accounting Info: (b)(7)(E) Funded: (b)(4) ******* As a result, the obligated amount of this Task Order has increased: From (b)(4) By:				92,230.62
	All terms and conditions remain the same.				

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	2 FEEFOTIVE DATE	14 DE	EQUISITION/PURCHASE REQ. NO.	1 3
0.207.00	3. EFFECTIVE DATE		118FEP00000045	5. PROJECT NO. (If applicable)
P00009 6. ISSUED BY CODE	See Block 16C ICE/DCR		DMINISTERED BY (If other than Item 6)	CODE TOF/DOR
	IOVALS PRCEMENT	ICH IMN OF1 80:		REMOVALS FORCEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.	
COUNTY OF OTERO				
26 MCGREGOR RANGE RD		9	B. DATED (SEE ITEM 11)	
CHAPARRAL NM 880817753				
		1	0A. MODIFICATION OF CONTRACT/ORDER N	NO.
		×	EROIGSA-14-0001,	
		_ I _ (-	ISCEDM-17-F-IG138	
×	T-2000000000000000000000000000000000000	_ 1	OB. DATED (SEE ITEM 13)	
CODE 8290769130000	FACILITY CODE		03/20/2017	
	11. THIS ITEM ONLY APPLIES 1	O AMEND	MENTS OF SOLICITATIONS	
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required)	OFFERS PRIOR TO THE HOUR AND r already submitted , such change ma is received prior to the opening hour	DATE SF ay be mad and date s	PECIFIED MAY RESULT IN REJECTION OF YO e by telegram or letter, provided each telegram or	OUR OFFER If by
See Schedule	*27			
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH			DMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b). RITY OF:	in paying office,
D. OTHER (Specify type of modification	and authority)			
X Unilateral Funding M	Modification			
E. IMPORTANT: Contractor X is not.	is required to sign this document	t and return	n copies to the issuin	ig office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 829076913				The same of the sa
Field Office Point of Contac	(b)(6),(b)(7)(C)		-856-(b)(b)(b)(7)	
Alternate Field Office POC Contracting Officer's Repres Alternate COR: (^{(D)(6)} (D)(7)(C)	6)(b)(7)(C) , 915 85 entative (COR): (D)(6) 915) 834-(b)();(b)(7)(C		
Contracting Officer: (0)(6)(0)(7)(0 Contract Specialist: (0)(6)(6)(0)(7)(0		32 ^{(D)(6)} , ;(b)(7)	(D)(
This modification to the FY services for ICE detainees a	t the Otero County	Proce	essing Center under the	provisions of
the Otero County, New Mexico Continued	Intergovernmental	Serv:	ice Agreement (IGSA) ERO	IGSA-14-0001.
Except as provided herein, all terms and conditions of the	e document referenced in Item 9 A o	r 10A, as h	neretofore changed, remains unchanged and in	full force and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NAME AND TITLE OF CONTRACTING OFFI	CER (Type or print)
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	0		E ou
(Signature of person authorized to sign) NSN 7540-01-152-8070			0	TANDARD FORM 30 (REV. 10-83)
11011 1010 10 10 102-0070			3	

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00009

PAGE OF

3

The purpose of this modification is as follows: A. Provide funding in the amount of for Detention Services (CLIN 0001a). B. As a result, the obligated amount of this Task Order has increased: Provided By: To: The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. **Exempt Action: Y Sensitive Award: SPII FOB: Destination Period of Performance: 02/01/2017 to 01/31/2018 Change Item 0001a to read as follows(amount shown is the total amount): Detention Service of CLIN has increased From Myd) Bed Day Rate of Prom This CLIN has increased From Myd) By: To: The quantity for this CLIN has increased: From Myd) By: To: Continued	ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************	(A)	The purpose of this modification is as follows: A. Provide funding in the amount of the funding in the amount of this Task order has increased: From (b)(4) By: To: The funding provided in this modification is the amount presently available for payment and	(C)		(E)	(F)
is the total amount): Detention Serv (0)(4) Bed Day Rate o of October 3, 2017 and stated on P00009 of contract EROIGSA-14-0001. The amount for this CLIN has increased From (0)(4) By: To: The quantity for this CLIN has increased: From (0)(4) By: To: Accounting Info:		agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************				
From By: To: The quantity for this CLIN has increased: From (b)(4) By: To: Accounting Info:	0001a	Detention Servib(4) Bed Day Rate of October 3, 2017 and				8,882,829.4
(b)(7)(E)		From (b)(4) By: To: The quantity for this CLIN has increased: From (b)(4) By:				
Continued		-				
		Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED REFORM 14-0001, /HSCEDM-17-F-IG138/P00009 PAGE OF 3 3

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Funded: \$0.00 Accounting Info: Funded: \$0.00 Funded: \$0.00 Accounting Info: Funded: (0)(4) All terms and conditions remain the same

AMENDMENTMODIFICATION NO. SERVICION SERVICION SERVICIONE SERVICIO	AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE	F	PAGE OF PAGES
Institute Inst			L4 DE	CONSTITUTION PURCLASE DEC. NO.	Is ppc	1 7
CODE					5. PRO	JECT NO. (If applicable)
CEDETENTION COMPLIANCE REMOVALS IDMICRATION AND CUSTOMS ENFORCEMENT PETICE OF A COULD STITUS ON MAINTAGEMENT SOI IS STREET WAS SUTTED ARREST WAS SUTTED ARRE	Manufacture and the second and the s	MOUNTAIN ENGLISHING COMPANIES OF THE COMPANIES			CODE	TCE /DCP
OUNTY OF OTERO 6 MCGREGOR RANGE RD HAPARRAL NM 880817753 ***** **** *** *** *** *** *	ICEDETENTION COMPLIANCE REM IMMIGRATION AND CUSTOMS ENFO	OVALS RCEMENT	ICH IMN OFI 803	EDETENTION COMPLIANCE F MIGRATION AND CUSTOMS EN FICE OF ACQUISITION MANA LI STREET NW SUITE	REMOV <i>I</i> NFORCE	ALS EMENT
OUNTY OF OTERO 6 MCGREGOR RANGE RD HAPARRAL NM 880817753 ***** **** *** *** *** *** *	A NAME AND ADDRESS OF CONTRACTOR #1		10	A AMENDMENT OF COLLECTATION NO		
The above numbered solicitation is amended as set forth in item 14. The hour and date specified for recept of Offers The above numbered solicitation is amended as set forth in item 14. The hour and date specified for recept of Offers The above numbered solicitation is amended as set forth in item 14. The hour and date specified for recept of Offers The Province of Prov	8. NAME AND ADDRESS OF CONTRACTOR (No., street, COUNTY OF OTERO 26 MCGREGOR RANGE RD CHAPARRAL NM 880817753	county, State and ZIP Code)	(x) 91 X 10 H	B. DATED (SEE ITEM 11) OA. MODIFICATION OF CONTRACT/ORDER NOT SEED 14-0001, ISCEDM-17-F-IG138	NO.	
The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offiers seatended is not extended. Office must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended. It you not the following members (a) By completing receipt of this amendment prior to the hour and date specified in the solicitation of an amendment on each copy of the offer submitted or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF THE PLACE DESIGNATED FOR THE PLACE DESIGNATION OF THE PLACE DESIGN	CODE 8290769130000	FACILITY CODE	7	03/20/2017		
Offers must acknowledge receipt of this amendment prior to the four and date specified in the solicitation or as amended, by one of the following methods: (a) By completing thems 8 and 15, and returning copies of the amendment of 10 by acknowledging receipt of this amendment on each one; (c) By apparate letter or telegram which includes a reference to the amendment of 10 by acknowledging receipt of this amendment within includes a network of the contract of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this mendment, and is received prior to the opening hour and date specified. 12. ACCOUNTING AND APPROPRIATION DATA (if required) Net Increase: 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTSIONDERS. IT MODIFIES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. CHECK ONE A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT O'RDER NO. IN ITEM 10A. CHECK ONE A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT O'RDER NO. IN ITEM 10A. C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority) E. IMPORTANT: Contractor 15. IS IS ON THE CONTRACT O'RDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office.) 16. DESCRIPTION OF ABENDMENTHOODIFICATION (Organized by UCF section headings, including solicitation-contract subject matter where feasible.) 16. DESCRIPTION OF ABENDMENTHOODIFICATION (Organized by UCF section headings, including solicitation-contract subject matter where feasible.) 16. DESCRIPTION OF ABENDMENTHOODIFICATION (Organized by UCF section headings, including solicitation-contract subject matter where feasible.) 16. DESCRIPTION OF ABENDMENTHOODIFICATION (Organ		11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS		
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority) E. IMPORTANT: Contractor is not. is required to sign this document and return copies to the issuing office. 14. DESCRIPTION OF AMENOMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 20. DIGNAL STATE SECRIPTION OF AMENOMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 20. DIGNAL STATE SECRIPTION OF AMENOMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 20. DIGNAL STATE SECRIPTION OF AMENOMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 20. DIGNAL STATE SECRIPTION OF AMENOMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 20. DIGNAL STATE SECRIPTION OF AMENOMENTIMODIFICATION (ORGANIZED SECRIPTION OF ASSOCIATION OF ASSO	THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offe reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If requise Schedule 13. THIS ITEM ONLY APPLIES TO ME A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	OFFERS PRIOR TO THE HOUR AND r already submitted , such change may is received prior to the opening hour au uired) Ne ODIFICATION OF CONTRACTS/ORDE PURSUANT TO: (Specify authority) TH	DATE SP be made and date set In	PECIFIED MAY RESULT IN REJECTION OF YOU be by telegram or letter, provided each telegram pecified. Crease: MODIFIES THE CONTRACT/ORDER NO. AS DE	OUR OFFI or letter m 4) ESCRIBET	D IN ITEM 14.
E.IMPORTANT: Contractor is not. is required to sign this document and return copies to the issuing office. 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 20. DUNS Number: 829076913 20. Place Point of Contact (D(6),(B)(7)(C) 915-856-077(C) 20. Place Point of Contact (COR) (D(6),(B)(7)(C) 915-856-077(C) 20. Place Point of Ficer (COR) (D(6),(B)(7)(C) (915) 834-4 (D(6),(B	X			2.5	iii payiiig	onice,
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. DUNS Number: 829076913 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Office (Office Office Matter)) 15. Dield Office Point of Contaction (Office Office Matter) 15. Dield Office Point (Office Office Matter) 15. Dield Office Point (Office Office Matter) 15. Dield Office Point (Office Office Matter) 15. Dield Office Office Matter where feasible. 15. Dield Office Office Office Matter where feasible. 15. Dield Office Office Office Office Matter where feasible. 15. Dield Office Offic	D. OTHER (Specify type of modification	and authority)				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. DUNS Number: 829076913 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) 15. Dield Office Point of Contaction (Office (Office Office Matter)) 15. Dield Office Point of Contaction (Office Office Matter) 15. Dield Office Point (Office Office Matter) 15. Dield Office Point (Office Office Matter) 15. Dield Office Point (Office Office Matter) 15. Dield Office Office Matter where feasible. 15. Dield Office Office Office Matter where feasible. 15. Dield Office Office Office Office Matter where feasible. 15. Dield Office Offic	E. IMPORTANT: Contractor X is not.	is required to sign this document a	and return	copies to the issuir	ng office.	
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. NAME AND TITLE OF SIGNER (Type or print) 15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED (Signature of person authorized to sign) 16C. DATE SIGNED	DUNS Number: 829076913 Field Office Point of Contac Alternate Field Office POC: Contracting Officer's Representation of Contaction Contracting Officer: (D)(6)(D)(7)(C) The purpose of this modification detention services for Improvisions of the Otero Counterpolicy (D)(G)(D)(G)(C)(C) EROIGSA-14-0001. Funding in	(b)(6)(b)(7)(C) b)(6)(b)(7)(C) entative (COR):(b)(6)(1) e (915) 834-4(0) (202) 73 tion to the FY 17 T CE detainees at the ty, New Mexico Inte	915- (b)(6) (7)(C) (5) (2-(b)(6) ask ((915) 834-4 (0)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)(6)	itiona	under the
15A. NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C) 15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED (Signature of person authorized to sign)	Continued			100 November 100 No		
(Signature of person authorized to sign)	Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A or	16A	. NAME AND TITLE OF CONTRACTING OFF		
	15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED				
NSN 7540-01-152-8070 STANDARD FORM 30 (REV. 10-83)	(Signature of person authorized to sign) NSN 7540-01-152-8070				STANDAD	D EODM 30 (BEV. 40 93)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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PAGE 2

GE OF

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	The obligated amount of this Task Order has increased: From By: To:				
	The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.				
	******************************** Exempt Action: Y Sensitive Award: SPII Delivery: 30 Days After Award Discount Terms: Net 30 Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW SUITE 900 WASHINGTON DC 20536				
	FOB: Destination Period of Performance: 02/01/2017 to 01/31/2018 Change Item 0001 to read as follows(amount shown is the total amount):				
0001	DETAINEE HOUSING Bed day rate: (b)(4) Day (1-850 and 1000+ detainees)				1,024,983.9
	Beds Funded has increased: From (b)(4) By: To:				
	Funding for this CLIN has increased: From (0)(4) By: To: Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED REFORM 14-0001, /HSCEDM-17-F-IG138/P00003 PAGE 3 7

TEM NO.	SUPPLIES/SERVICES	QUANTITY	200	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				
	(b)(7)(E)		Ш		
			Ш		
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Parada (a. (b.)(4)				
	Funded: \$ (D)(4)				
	Change Item 0006 to read as follows(amount shown				
	is the total amount):				
006	Medical, Dental, and Check Cashing Transportation				27,610
300	(effective 3/1/2016) at a rate of (6)(4)	1: :		d:	27,010
	month.		Ш		
	Funding provided has increased: From (b)(4)			1:	
	By:	1		i:	
	To:				
	Accounting Info:				
	(b)(7)(E)				
			Ш		
			Ш		
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)		Ш		
	T				
	Funded: \$0.00 Accounting Info:				
	b)(7)(E)				
	(5)4)				
	Funded: (0)(4)				
	Continued				
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REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00003

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M NO.	SUPPLIES/SERVICES	QUANTITY	STITUTES	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Invaising Instructions.				
	Invoicing Instructions: Service Providers/Contractors shall use these				
	procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be				
	submitted in a .pdf format on a monthly basis via				
	email to:				
	Invoice.Consolidation@ice.dhs.gov				
	Each email shall contain only one (1) invoice and				
	the subject line of the email will annotate the				
	invoice number. The emailed invoice shall include				
	the 'bill to' address shown below:				
	DHS, ICE				
	Financial Operations - Burlington				
	P.O. Box 1620				
	ATTN: ICE-ERO-FOD-FEP				
	Description of the second of t				
	Williston, VT 05495-1620				
	Note: the Service Provider's or Contractor's Dunn				
	and Bradstreet (D&B) DUNS Number must be				
	registered in the System for Award Management	1			
	(SAM) at https://www.sam.gov prior to award and				
	shall be notated on every invoice submitted to	1			
	ensure prompt payment provisions are met. The ICE				
	program office identified in the task	1			
	order/contract shall also be notated on every				
	invoice.				
	2. Content of Invoices: Each invoice submission				
	shall contain the following information:				
	(i) Name and address of the Service				
	Provider/Contractor. Note: the name, address and				
	DUNS number on the invoice MUST match the				
	information in both the Contract/Agreement and			ľ	
	the information in the SAM. If payment is			1	
	remitted to another entity, the name, address and				
	DUNS information of that entity must also be				
	provided which will require Government				
	verification before payment can be processed;				
	(ii) Dunn and Bradstreet (D&B) DUNS Number;				
	(iii) Invoice date and invoice number;				
	(iv) Agreement/Contract number, contract line				
	item number and, if applicable, the order number;				
	(v) Description, quantity, unit of measure, unit				
	price, extended price and period of performance				
	of the items or services delivered;				
	(vi) Shipping number and date of shipment,				
	including the bill of lading number and weight of				
	shipment if shipped on Government bill of lading; Continued				
	Concinued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED
EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00003

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EM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
11/	(vii) Terms of any discount for prompt payment	10/	(0)	(11)	(E)
	offered:				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to		1		
	notify in event of defective invoice; and				
	notify in event of defective invoice, and				
	3. Invoice Supporting Documentation. In order to				
	ensure payment, the vendor must also submit				
	supporting documentation to the Contracting				
	Officer's Representative (COR) identified in the				
	contract as described below. Supporting				
	documentation shall be submitted to the COR or				
	contract Point of Contact (POC) identified in the				
	contract or task order with all invoices, as				
	appropriate. See paragraph 4 for details				
	regarding the safeguarding of information.				
	Invoices without documentation to support				
	invoiced items, containing charges for items				
	outside the scope of the contract, or not based				
	on the most recent contract base or modification				
	rates will be considered improper and returned				
	for resubmission. Supporting documentation				
	requirements include:				
	(i) Firm Fixed Price Items (items not subject to				
	any adjustment on the basis of the contractor's				
	cost experience, such as pre-established monthly				
	guaranteed minimums for detention or				
	transportation): do not require detailed				
	supporting documentation unless specifically				
	requested by the Government.				
	(ii) Fixed Unit Price Items (items for allowable				
	incurred costs, such as detention and/or				
	transportation services with no defined minimum				
	quantities, stationary guard or escort services,				
	transportation mileage or other Minor Charges				
	such as sack lunches and detainee wages): shall				
	be fully supported with documentation				
	substantiating the costs and/or reflecting the				
	established price in the contract and submitted in .pdf format.				
	(iii) Detention Services:				
	(1) Bed day rate;				
	(2) Resident's/detainee's check-in and check-out				
	dates;				
	(3) Number of bed days multiplied by the bed day				
	rate;				
	(4) Name of each detainee;				
	(5) Resident's/detainee's identification				
	information				
	(iv) Transportation Services:				
	Continued				
	The second secon				

REFERENCE NO. OF DOCUMENT BEING CONTINUED
EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00003

PAGE 6

OF 7

EM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(1) The mileage rate being applied for that		1 1		
	invoice.	1	1 1		
	(2) Monthly billing reports listing	l	1 1		
	transportation services provided; number of	İ	1 1		
	miles; transportation routes provided; locations		1 1		
	serviced and/or names/numbers of detainees	İ	1 1		
	transported; an itemized listing of all other		1	1	
	charges; and, for reimbursable expenses (e.g.	1	1 1		
	travel expenses, special meals, etc.) copies of	ŀ	1 1	1	
	all receipts.		1 1		
	(v) Stationary Guard Services:	l	1 1		
	(1) The itemized monthly invoice shall state the	İ	1 1	1	
	number of hours being billed, the duration of the		1 1		
	billing (times and dates) and the name of the	i e	1 1		
	resident(s)/detainee(s) that was/were guarded.		1	1	
	(vi) Other Direct Charges:	1	1 1		
	The invoice shall include appropriate supporting	ŀ	1 1	1	
	documentation for any direct charge billed for		1 1		
	reimbursement.		1 1		
		İ	1 1		
	4. Safeguarding Information: As a contractor or		1 1		
	vendor conducting business with Immigration and		1 1		
	Customs Enforcement (ICE), you are required to		1 1		
	comply with DHS Policy regarding the safeguarding	1	1 1		
	of Sensitive Personally Identifiable Information		1 1		
	(PII). Sensitive PII is information that				
	identifies an individual, including an alien, and		1 1		
	could result in harm, embarrassment,	l	1 1		
	inconvenience or unfairness. Examples of	l	1 1		
	Sensitive PII include information such as: Social	l	1 1		
	Security Numbers, Alien Registration Numbers	į.	1 1		
	(A-Numbers), or combinations of information such		1 1		
	as the individual's name or other unique	1	1 1		
	identifier and full date of birth, citizenship,				
	or immigration status.	l	1 1		
	As part of your obligation to safeguard	l	1 1		
	information, the follow precautions are required:		1 1		
	(i) Email supporting documents containing	l	1 1		
	Sensitive PII in an encrypted attachment with		1 1		
	password sent separately.	1	1 1		
	(ii) Never leave paper documents containing		1 1		
	Sensitive PII unattended and unsecure. When not				
	in use, these documents will be locked in	l	1 1		
	drawers, cabinets, desks, etc. so the information	l	1 1		
	is not accessible to those without a need to know.		1 1		
	(iii) Use shredders when discarding paper				
	documents containing Sensitive PII.				
	(iv) Refer to the DHS Handbook for Safeguarding				
	Sensitive Personally Identifiable Information				
	(March 2012) found at				
	Continued				
		1			

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00003 PAGE 7 7

M NO.	SUPPLIES/SERVICES	QUANTITY	5-1-1-5	UNIT PRICE	AMOUNT
A (b)(7)(E)	C)	(D)	(E)	(F)
	f for more information on and/or examples of				
1	Sensitive PII.			ļ:	
	5. If you have questions regarding payment,				
	please contact ICE Financial Operations at				
	1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov				
	ocro.customerservice@ice.ans.gov				
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	F	PAGE O	F PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	14. RE0	QUISITION/PURCHASE REQ. NO.	Is ppo	1	(If applicable)
P00004	See Block 16C	1,000,000	17FEP00000694	3. FAU	JEG! NO	і. (ії арріісавів)
6. ISSUED BY CODE	ICE/DCR	7. AD	MINISTERED BY (If other than Item 6)	CODE	T. O.D.	
ICEDETENTION COMPLIANCE REM IMMIGRATION AND CUSTOMS ENFO OFFICE OF ACQUISITION MANAGE 801 I STREET NW SUITE 930 WASHINGTON DC 20536	OVALS	ICE IMM OFF 801		EMOVA	ALS EMENT	
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.			
COUNTY OF OTERO		(x)				
COUNTY OF OTERO 26 MCGREGOR RANGE RD		1 00	DATE OF THE PARTY			
CHAPARRAL NM 880817753		98	DATED (SEE ITEM 11)			
		x 10	A MODIFICATION OF CONTRACT/ORDER NO ROIGSA-14-0001,).		
		11 2020	SCEDM-17-F-IG138			
		_	B DATED (SEE ITEM 13)			
CODE 8290769130000	FACILITY CODE	0	3/20/2017			
The above numbered solicitation is amended as set fo	11. THIS ITEM ONLY APPLIES TO			_		
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF O virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and i 12. ACCOUNTING AND APPROPRIATION DATA (If requ	to the solicitation and amendment num FFERS PRIOR TO THE HOUR AND D already submitted, such change may be a received prior to the opening hour and	Ders. FA DATE SPE be made i d date spe	CIFIED MAY RESULT IN REJECTION OF YOU	BE RECE IR OFFE letter ma	EIVED AT	
See Schedule						
13. THIS ITEM ONLY APPLIES TO MO	DDIFICATION OF CONTRACTS/ORDER	RS. IT MC	DIFIES THE CONTRACT/ORDER NO. AS DESC	CRIBED	IN ITEM	14.
A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	URSUANT TO: (Specify authority) THE	E CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN THI	E CONT	RACT	
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	TORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE ADM	MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).	paying o	office,	
C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT TO A	UTHORIT	Y OF:	-		
D. OTHER (Specify type of modification a	and authority)					
X Unilateral Funding Mo						
	is required to sign this document an	return	cooler to the leaving	-E		
14. DESCRIPTION OF AMENDMENT/MODIFICATION (C			copies to the issuing o			
OUNS Number: 829076913	generally of the season modelings, and	oracing ac	menanorscommant subject matter where reasible	.)		
rield Office Point of Contact	(b)(6);(b)(7)(C)	915-8	35(b)(6);(b)(
lternate Field Office POC:)(6),(b)(/)(C) 915 856	b)(6)((A(C)			
ontracting Officer's Represe	entative (COR): (b)(6)(b)(7)(C)	(915) 834.(b)(6);(b			
lternate COR: (b)(6)(b)(7)(C)	(915) 834- <mark>(b)(6)</mark>					
Contracting Officer: (b)(6)(b)(7)(0	(202) 732	(b)(6),(
the numbers of this						
The purpose of this modificat	Ion to the FY 17 Ta	sk Or	der is to provide addit:	iona:	l fun	ding
or detention services for IC	detainees at the	Utero	County Processing Center	er u	nder	the
rovisions of the Otero Count	be are well (b)(4)	dough		nt (IGSA)	
ROIGSA-14-0001. Funding in to ontinued	ne amount of		is provided.			
Except as provided herein, all terms and conditions of the 5A. NAME AND TITLE OF SIGNER (Type or print)	occurrient referenced in Item 9 A or 10.		atofore changed, remains unchanged and in full AME AND TITLE OF CONTRACTING OFFICE			
	ES VON THE		AND THEE OF CONTRACTING OFFICE	rt (type	or pnnt)	
SD CONTRACTORICS	(b)(6);(b)(7	(C)				
SB. CONTRACTOR/OFFEROR	15C DATI				16C	DATE SIGNED
(Signature of current authorized in sign)	-				9	2/1/2010
(Signature of person authorized to sign) ISN 7540-01-152-8070				_	5000	11/2011
Previous edition unusable			Presc	cribed by		(REV 10-83)
					() 53.243	

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C)F
CONTINUATION SHEET	EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00004	2	6

(B)	(C)	(D)	(E)	(F)
T.				
The obligated amount of this Task Order has increased: From: (b)(4) By: \$ To: \$ The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.				
Exempt Action: Y Sensitive Award: SPII Delivery: 30 Days After Award Discount Terms: Net 30 Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW SUITE 900 WASHINGTON DC 20536	p :			
FOB: Destination Period of Performance: 02/01/2017 to 01/31/2018 Change Item 0001 to read as follows(amount shown is the total amount): DETAINEE HOUSING Bed day rate: (b)(4) and 1000+ detainees)				1,266,905
Beds Funded has increased: From (b)(4) By: To: Fund (b)(4) From: By: To: Continued				
	By: S To: S The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************	By: \$ To: \$ The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************	By: \$ To: \$ The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those items() beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************	By: S To: S The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. Exempt Action: Y Sensitive Award: SPII Delivery: 30 Days After Award Discount Terms: Net 30 Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW SUITE 900 WASHINGTON DC 20536 FOB: Destination Period of Performance: 02/01/2017 to 01/31/2018 Change Item 0001 to read as follows(amount shown is the total amount): DETAINEE HOUSING Bed day rate: and 1000+ detainees) Beds Funded has increased: From (D)(s) By: STO: Funding(s) From: By: STO: Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Funding(s) Fu

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00004 PAGE OF 3 6

NO.	SUPPLIES/SERVICES	QUANTITY	1	UNIT PRICE	MOUNT
)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
		1			
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
(1)	Accounting Thio.				
	X-X-7		11	1	
	Fundad (10)(4)				
	Funded:				
	Invoicing Instructions:				
	Service Providers/Contractors shall use these				
	procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via				
	email to:				
	Invoice.Consolidation@ice.dhs.gov				
	Each email shall contain only one (1) invoice and				
	the subject line of the email will annotate the invoice number. The emailed invoice shall include				
	the 'bill to' address shown below:				
	MARKET NOW TO				
	DHS, ICE				
	Financial Operations - Burlington P.O. Box 1620				
	ATTN: ICE-ERO-FOD-FEP			1	
	Williston, VT 05495-1620				
	Note: the Service Provider's or Contractor's Dunn				
	and Bradstreet (D&B) DUNS Number must be				
	registered in the System for Award Management				
	(SAM) at https://www.sam.gov prior to award and				
	shall be notated on every invoice submitted to				
	ensure prompt payment provisions are met. The ICE			1	
	program office identified in the task order/contract shall also be notated on every			Ī	
	invoice.				
	Continued				
				7	

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00004	4	6

M NO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
,	(5)	(0)	, ,	12/	(27
	2. Content of Invoices: Each invoice submission				
	shall contain the following information:		ΙI		
	(i) Name and address of the Service		ΙI		
	Provider/Contractor. Note: the name, address and				
	DUNS number on the invoice MUST match the		}		
	information in both the Contract/Agreement and				
	the information in the SAM. If payment is				
	remitted to another entity, the name, address and				
	DUNS information of that entity must also be				
	provided which will require Government	1			
	verification before payment can be processed;	- 0	l I		
	(ii) Dunn and Bradstreet (D&B) DUNS Number;	1			
	(iii) Invoice date and invoice number;				
	(iv) Agreement/Contract number, contract line	1		1	
	item number and, if applicable, the order number;				
	(v) Description, quantity, unit of measure, unit price, extended price and period of performance		ΙI		
	of the items or services delivered;		ΙI		
	(vi) Shipping number and date of shipment,		ΙI		
	including the bill of lading number and weight of		ΙI		
	shipment if shipped on Government bill of lading;		ΙI		
	(vii) Terms of any discount for prompt payment		ΙI		
	offered;		ΙI		
	(viii) Remit to Address;		ΙI		
	(ix) Name, title, and phone number of person to		ΙI		
	notify in event of defective invoice; and				
	3. Invoice Supporting Documentation. In order to				
	ensure payment, the vendor must also submit		ΙI		
	supporting documentation to the Contracting		ΙI		
	Officer's Representative (COR) identified in the		ΙI		
	contract as described below. Supporting		ΙI		
	documentation shall be submitted to the COR or		ΙI		
	contract Point of Contact (POC) identified in the				
	contract or task order with all invoices, as				
	appropriate. See paragraph 4 for details				
	regarding the safeguarding of information.				
	Invoices without documentation to support				
	invoiced items, containing charges for items	1			
	outside the scope of the contract, or not based				
	on the most recent contract base or modification	20			
	rates will be considered improper and returned				
	for resubmission. Supporting documentation			1	
	requirements include:				
	(i) Firm Fixed Price Items (items not subject to				
	any adjustment on the basis of the contractor's				
	cost experience, such as pre-established monthly				
	guaranteed minimums for detention or				
	transportation): do not require detailed			2	
	Continued				

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CONTINUATION CUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE 0	F
CONTINUATION SHEET	EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00004	5	6

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	supporting documentation unless specifically			Î	
	requested by the Government.			-	
	(ii) Fixed Unit Price Items (items for allowable				
	incurred costs, such as detention and/or				
	transportation services with no defined minimum				
	quantities, stationary guard or escort services,	1	l 1		
	transportation mileage or other Minor Charges				
	such as sack lunches and detainee wages): shall				
	be fully supported with documentation				
	substantiating the costs and/or reflecting the				
	established price in the contract and submitted				
	in .pdf format.				
	(iii) Detention Services:				
	(1) Bed day rate;				
	(2) Resident's/detainee's check-in and check-out				
	dates;				
	(3) Number of bed days multiplied by the bed day	1			
	rate;	1			
	(4) Name of each detainee;	1			
	(5) Resident's/detainee's identification			1	
	information				
	(iv) Transportation Services:				
	(1) The mileage rate being applied for that			Í	
	invoice.	1	1	1	
	(2) Monthly billing reports listing		1		
	transportation services provided; number of	1			
	miles; transportation routes provided; locations	1			
	serviced and/or names/numbers of detainees	1			
	transported; an itemized listing of all other	1			
	charges; and, for reimbursable expenses (e.g.	1			
	travel expenses, special meals, etc.) copies of				
	all receipts.				
	(v) Stationary Guard Services:				
	(1) The itemized monthly invoice shall state the				
	number of hours being billed, the duration of the				
	billing (times and dates) and the name of the	1			
	resident(s)/detainee(s) that was/were guarded.	1		Į.	
	(vi) Other Direct Charges:	1		1	
	The invoice shall include appropriate supporting	1			
		1	ĺΙ		
	documentation for any direct charge billed for	1			
	reimbursement.	1			
	1 7 5	1			
	4. Safeguarding Information: As a contractor or	1			
	vendor conducting business with Immigration and	1			
	Customs Enforcement (ICE), you are required to	Į			
	comply with DHS Policy regarding the safeguarding	1			
	of Sensitive Personally Identifiable Information				
	(PII). Sensitive PII is information that	1			
	identifies an individual, including an alien, and	1		[
	could result in harm, embarrassment,			1	
	Continued				
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	I .				

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CONTINUATION SHEET	EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00004	6	6

	OF OTERO		1 1		
TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	inconvenience or unfairness. Examples of				
	Sensitive PII include information such as: Social			1	
	Security Numbers, Alien Registration Numbers			1	
	(A-Numbers), or combinations of information such as the individual's name or other unique				
	identifier and full date of birth, citizenship,				
	or immigration status.				
	As part of your obligation to safeguard				
	information, the follow precautions are required:				
	(i) Email supporting documents containing		100		
	Sensitive PII in an encrypted attachment with				
	password sent separately.				
	(ii) Never leave paper documents containing				
	Sensitive PII unattended and unsecure. When not			1	
	in use, these documents will be locked in				
	drawers, cabinets, desks, etc. so the information				
	is not accessible to those without a need to know.				
	(iii) Use shredders when discarding paper				
	documents containing Sensitive PII.				
	(iv) Refer to the DHS Handbook for Safeguarding				
	Sensitive Personally Identifiable Information				
	(March 2012) found at				
	(b)(7)(E)				
	f for more information on and/or examples of				
	Sensitive PII.				
	5. If you have questions regarding payment,				
	please contact ICE Financial Operations at		1 1		
	1-877-491-6521 or by e-mail at				
	OCFO.CustomerService@ice.dhs.gov				
	octo. custometsetviceetce. uns. gov				
				1	
				- 1	
				1	

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00001	See Block 16C		17FEP00000531	
The state of the s	ICE/DCR	7. ADN	IINISTERED BY (If other than Item 6)	CODE ICE/DCR
	OVALS RCEMENT	IMMI OFFI 801	ETENTION COMPLIANCE GRATION AND CUSTOMS E ICE OF ACQUISITION MAN I STREET NW SUICE (D) (6) (6) HINGTON DC 20536	REMOVALS ENFORCEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.	
COUNTY OF OTERO		1		
26 MCGREGOR RANGE RD		98.	DATED (SEE ITEM 11)	
CHAPARRAL NM 880817753				
		x 104	MODIFICATION OF CONTRACT/ORDER	R NO.
		3 133	[2] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
			CEDM-17-F-IG138 DATED (SEE ITEM 13)	
CODE 8290769130000	FACILITY CODE		3/20/2017	
0290703130000	11. THIS ITEM ONLY APPLIES	- 5-20		
The above numbered solicitation is amended as set for				extended. is not extended.
Items 8 and 15, and returning coperate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF 0 virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and	to the solicitation and amendment of DFFERS PRIOR TO THE HOUR AN r already submitted, such change in	numbers. FA ND DATE SPE may be made	CIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegration position.	TO BE RECEIVED AT YOUR OFFER If by am or letter makes
12. ACCOUNTING AND APPROPRIATION DATA (If requ	uired)	Net Inc	rease:	
See Schedule	ODJEICATION DE CONTRACTS/DE	PREPS IT MO	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14
A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority)	THE CHANG	ES SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	TORDER IS MODIFIED TO REFL IN ITEM 14, PURSUANT TO THE	ECT THE ADI	MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b)	les in paying office,
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT	TO AUTHORI	TY OF	
D. OTHER (Specify type of modification	and authority)			· · · · · · · · · · · · · · · · · · ·
X Unilateral Funding M	Modification			
E. IMPORTANT: Contractor X is not.	is required to sign this docume	ent and return	copies to the iss	suing office
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 829076913	(Organized by UCF section heading	gs, including s	olicitation/contract subject matter where fe	asible.)
The purpose of this modifica	tion to the FY 17	Task O	rder is to provide ad	ditional funding
for detention services for I				워크리아(1852 m.) 18.18 H.) 19.18 H.) [10.18 H.) 19.18 H.] 19.18 H.) 19.18 H.]
provisions of the Otero Coun				
EROIGSA-14-0001. Funding in	the amount of (b)(4)		is provided.	
The period of performance wi	ll also change:			
From: March 01, 2017 through	마시네트리 [발생하다] 120kg -	8		
To: February 1, 2017 to Janu				
out and				
Continued				
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A			
15A. NAME AND TITLE OF SIGNER (Type or print)		-	NAME AND TITLE OF CONTRACTING OD (7)(C)	FFICER (Type or print)
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	ED		16C DATE SIGNED
John Nord Wife Endin	I TO DATE SIGNE			-/ /
(Signature of person authorized to sign)			(Signature of Contracting Officer)	5/25/2017
NSN 7540-01-152-8070				STANDARD FORM 30 (REV. 10-83)
Previous edition unusable				Prescribed by GSA FAR (48 CFR) 53.243

2018-ICLI-00040 7098

TEM NO.	SUPPLIES/SERVICES	QUANTITY	2000	UNIT PRICE	AMOUNT
(A)	(B) (b)(6);(b)(7)(C)	(C)	(D)	(E)	(F)
	Field Office Point of Contact:				
	Alternate Field Office POC: (b)(6)(b)(7)(C) 915				
	856 (b)(6)(b)(
	Contracting Officer's Representative (COR)				
	Alternate COR: (b)(6)(b)(7)(C) (915) 834-(b)(6)			1	
	Contracting Officer: (b)(6)(b)(7)(C) (202)				
	732-2 <mark>0(6)(D)</mark>			1	
	The obligated amount of this Task Order has				
	increased:				
	Fron (b)(4)				
	By: To:				
	The funding provided in this modification is the				
	amount presently available for payment and allotted to this task order. The service provider				
	agrees to perform to the point that does not				
	exceed the total amount currently allotted to the				
	items currently funded under this task order. The				
	service provider is not authorized to continue to work on those item(s) beyond that point. The	Î			
	Government will not be obligated to reimburse the	1			
	service provider in excess of the amount allotted				
	to those item(s) for performance beyond the				
	funding allotted.				
	*********			1	
	Exempt Action: Y Sensitive Award: SPII				
	Delivery: 30 Days After Award Discount Terms:			1	
	Net 30		1 1		
	Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL				
	IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW				
	SUITE 900				
	WASHINGTON DC 20536				
	FOB: Destination				
	Period of Performance: 02/01/2017 to 01/31/2018				
	Change Item 0001 to read as follows(amount shown is the total amount):				
	(b)(4)				
001	DETAINEE HOUSING Bed day rate:	1			2,215,396
	and 1000+ detainees)				
	Continued				
	a 27 2				
540-01-152	.8087	I .			TIONAL FORM 338 (4-85)

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00001 3 7

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Beds Funded has increased:				
	Froi ^{(b)(4)}		ΙI		
	By:		ΙI		
	To:		ΙI		
	Funding for this CLIN has increased:		ΙI		
	Fro(b)(4)		ΙI		
	By:		ΙI		
	To:		ΙI		
			ΙI	1	
	Accounting Info:		ΙI	l l	
	(b)(7)(E)		ΙI		
	NA NO. 100		ΙI		
			ΙI		
	Funded: \$0.00		Ш		
	Accounting Info: (b)(7)(E)			1	
			H	1	
			H	1	
	Funded (U)(4)		H	1	
				1	
	Change Item 0006 to read as follows(amount shown			1	
	is the total amount):				
			1 1		
006	Medical, Dental, and Check Cashing Transportation		iΙ		13,805
	(effective 3/1/2016) at a rate of (b)(4) per	1	ш		
	month.		ш		
	Funding provided has increased:				
	From(b)(4)		ш		
	By:		ш		
	To:		ш		
			ш		
	Accounting Info:		ш		
	(b)(7)(E)		ш		
			ш		
	B. d. d. 60 00		ш		
	Funded: \$0.00 Accounting Info:		ш		
	b)(7)(E)		ш		
		i	ш		
			ш		
8	Funded (D)(4)		ш		
	***********		ш		
			ш		
	Invoicing Instructions:				
	Service Providers/Contractors shall use these				
	procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be				
	submitted in a .pdf format on a monthly basis via				
	Continued				
	Concernded 1111				
	1	1	1 1		

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
CONTINUATION SHEET	EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00001	4	7

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES		YUNIT	UNIT PRICE	AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	email to:		+			
	Invoice.Consolidation@ice.dhs.gov	l	1			
	Each email shall contain only one (1) invoice and	Į.	1 1	1		
	the subject line of the email will annotate the					
	invoice number. The emailed invoice shall include	l	1 1			
	the 'bill to' address shown below:		1			
	DHS, ICE	5. 6				
	Financial Operations - Burlington	1	1 1			
	P.O. Box 1620		1 1			
	ATTN: ICE-ERO-FOD-FEP			1		
	Williston, VT 05495-1620					
	Note: the Service Provider's or Contractor's Dunn					
	and Bradstreet (D&B) DUNS Number must be					
	registered in the System for Award Management					
	(SAM) at https://www.sam.gov prior to award and		f L	1		
	shall be notated on every invoice submitted to		1 1	i		
	ensure prompt payment provisions are met. The ICE					
	program office identified in the task		11			
	order/contract shall also be notated on every		1	J		
	invoice.					
	2. Content of Invoices: Each invoice submission	1				
	shall contain the following information:		1 1			
	(i) Name and address of the Service		1			
	Provider/Contractor. Note: the name, address and	ł	1 1			
	DUNS number on the invoice MUST match the		11			
	information in both the Contract/Agreement and					
	the information in the SAM. If payment is		11	1		
	remitted to another entity, the name, address and					
	DUNS information of that entity must also be					
	provided which will require Government		11			
	verification before payment can be processed;					
	(ii) Dunn and Bradstreet (D&B) DUNS Number;		1	1		
	(iii) Invoice date and invoice number;		1 1	1		
	(iv) Agreement/Contract number, contract line					
	item number and, if applicable, the order number;					
	(v) Description, quantity, unit of measure, unit		1	1		
	price, extended price and period of performance					
	of the items or services delivered;		ΙÌ			
	(vi) Shipping number and date of shipment,]			
	including the bill of lading number and weight of			1		
	shipment if shipped on Government bill of lading;					
	(vii) Terms of any discount for prompt payment offered;					
	(viii) Remit to Address;			1		
	(ix) Name, title, and phone number of person to			1		
	notify in event of defective invoice; and					
	Continued					
				ĺ		

CONTRIBUTION CUEFT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00001	5	7

NAME OF OFFEROR OR CONTRACTOR COUNTY OF OTERO

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	3. Invoice Supporting Documentation. In order to		\vdash		
	ensure payment, the vendor must also submit				
	supporting documentation to the Contracting				
	Officer's Representative (COR) identified in the				
	contract as described below. Supporting				
	documentation shall be submitted to the COR or				
	contract Point of Contact (POC) identified in the				
	contract or task order with all invoices, as				
	appropriate. See paragraph 4 for details regarding the safeguarding of information.				
	Invoices without documentation to support				
	invoiced items, containing charges for items				
	outside the scope of the contract, or not based				
	on the most recent contract base or modification				
	rates will be considered improper and returned				
	for resubmission. Supporting documentation		1		
	requirements include:	1	1		
	(i) Firm Fixed Price Items (items not subject to				
	any adjustment on the basis of the contractor's	1			
	cost experience, such as pre-established monthly	1			
	guaranteed minimums for detention or				
	transportation): do not require detailed				
	supporting documentation unless specifically				
	requested by the Government. (ii) Fixed Unit Price Items (items for allowable			ľ	
	incurred costs, such as detention and/or				
	transportation services with no defined minimum				
	quantities, stationary guard or escort services,				
	transportation mileage or other Minor Charges				
	such as sack lunches and detainee wages): shall				
	be fully supported with documentation				
	substantiating the costs and/or reflecting the				
	established price in the contract and submitted				
	in .pdf format.				
	(iii) Detention Services:				
	(1) Bed day rate;				
	(2) Resident's/detainee's check-in and check-out		1		
	dates;	1			
	(3) Number of bed days multiplied by the bed day	1			
	rate; (4) Name of each detainee;				
	(5) Resident's/detainee's identification				
	information				
	(iv) Transportation Services:			1	
	(1) The mileage rate being applied for that				
	invoice.			1	
	(2) Monthly billing reports listing			ſ	
	transportation services provided; number of			Į	
	miles; transportation routes provided; locations				
	serviced and/or names/numbers of detainees				
	Continued				
		1	1		

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00001

PAGE 6 OF 7

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	transported; an itemized listing of all other	1,100			
	charges; and, for reimbursable expenses (e.g.				
	travel expenses, special meals, etc.) copies of all receipts.				
	(v) Stationary Guard Services:				
	(1) The itemized monthly invoice shall state the				
	number of hours being billed, the duration of the				
	billing (times and dates) and the name of the			1	
	resident(s)/detainee(s) that was/were guarded.				
	(vi) Other Direct Charges:				
	The invoice shall include appropriate supporting	1			
	documentation for any direct charge billed for				
	reimbursement.				
	4. Safeguarding Information: As a contractor or				
	vendor conducting business with Immigration and				
	Customs Enforcement (ICE), you are required to				
	comply with DHS Policy regarding the safeguarding		ΙÌ		
	of Sensitive Personally Identifiable Information				
	(PII). Sensitive PII is information that				
	identifies an individual, including an alien, and				
	could result in harm, embarrassment,				
	inconvenience or unfairness. Examples of				
	Sensitive PII include information such as: Social				
	Security Numbers, Alien Registration Numbers				
	(A-Numbers), or combinations of information such as the individual's name or other unique			J	
	identifier and full date of birth, citizenship,				
	or immigration status.		1		
	As part of your obligation to safeguard				
	information, the follow precautions are required:				
	(i) Email supporting documents containing				
	Sensitive PII in an encrypted attachment with				
	password sent separately.				
	(ii) Never leave paper documents containing				
	Sensitive PII unattended and unsecure. When not			1	
	in use, these documents will be locked in				
	drawers, cabinets, desks, etc. so the information				
	is not accessible to those without a need to know. (iii) Use shredders when discarding paper				
	documents containing Sensitive PII.				
	(iv) Refer to the DHS Handbook for Safeguarding	1			
	Sensitive Personally Identifiable Information				
	(March 2012) found at				
(b)(7)(E)			İ	
	f for more information on and/or according				
	f for more information on and/or examples of Sensitive PII.				
	onor cryc fir.				
	5. If you have questions regarding payment,	1			
	Continued				
			Ì		
D-01-152	7				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE ()F
CONTINUATION SHEET	EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00001	7	7

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
1)	(B)	(C)	(D)	(E)	(F)
	please contact ICE Financial Operations at				
	1-877-491-6521 or by e-mail at				
	OCFO.CustomerService@ice.dhs.gov				
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			1	I I	

NSN 7540-01-152-8067

AMENDM	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1 CONTRACT ID CODE	_	PAGE C	OF PAGES
2. AMENDM	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4.	REQUISITION/PURCHASE REQ. NO.	ls pp	1	0. (If epplicable)
P00002		See Block 16C		22117FEP00000595) FR	OJECT NO	Ј. (п аррисава)
6. ISSUED B	Y CODE	ICE/DCR	7.	ADMINISTERED BY (If other than Item 6)	CODE	ICE/	/non
OFFICE 801 I S	ENTION COMPLIANCE REMATION AND CUSTOMS ENFO OF ACQUISITION MANAGE STREET NW SUITE SD(6)	OVALS	0 8		MOV	ALS	
8. NAME AND	DADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	6.3	9A. AMENDMENT OF SOLICITATION NO.	_		
COUNTY 26 MCGR	OF OTERO EGOR RANGE RD AL NM 880817753	***************************************	×	9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO EROIGSA-14-0001, HSCEDM-17-F-IG138).		
CODE or	2007.601.20000	FACILITY CODE		108. DATED (SEE ITEM 13)			
82	290769130000	FACILITY CODE 11. THIS ITEM ONLY APPLIES TO A		03/20/2017			
Items 8 and separate le THE PLACI virtue of this reference to	ter or telegram which includes a reference of EDESIGNATED FOR THE RECEIPT OF O is amendment you desire to change an offer of the solicitation and this amendment, and is TING AND APPROPRIATION DATA (If required).	ior to the hour and date specified in the size of the amendment; (b) By acknowled to the solicitation and amendment number FFERS PRIOR TO THE HOUR AND DA already submitted, such change may be received prior to the opening hour and	solic Iging ers. TE S e ma date	itation or as amended , by one of the following meth receipt of this amendment on each copy of the offer FAILURE OF YOUR ACKNOWLEDGEMENT TO B STELLIFIED MAY RESULT IN REJECTION OF YOU	nods: (a er subm BE REC R OFF letter n	nitted; or (d CEIVED AT	pleting
	13. THIS ITEM ONLY APPLIES TO MO	DIFICATION OF CONTRACTS/ORDERS	11	MODIFIES THE CONTRACT/ORDER NO. AS DESC			
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PO ORDER NO. IN ITEM 10A.	JRSUANT TO (Specify authority) THE	СНА	NGES SET FORTH IN ITEM 14 ARE MADE IN THE ADMINISTRATIVE CHANGES (such as changes in TY OF FAR 43.103(b)	E CON	TRACT	
	C. THIS SUPPLEMENTAL AGREEMENT		THO	RITY OF:	_		
.,	D. OTHER (Specify type of modification a	200 (1.10 m) (1.10 m) (1.10 m) (1.10 m)					
Х	Unilateral Funding Mo			<u> </u>			
E. IMPORTAN	Town in the same	is required to sign this document and	retu	m copies to the issuing o	ffice		
The purp 0006B fo ddition Center u	pose of this modificat or Stationary Guard Se aal funding for detent	ion to the FY 17 Tas rvices Regular and O ion services for ICE f the Otero County,	k ve d Ne	Order is to create CLIN Of rtime Rate and also to pretainees at the Otero Cour w Mexico Intergovernmental ount of \$ \frac{(b)(4)}{2} \rightarrow{\text{rt}}{2}	0067 rovi nty 1 Se	ide	esina
'rom: Ma 'o: Febr 'ontinue Except as prov 15A. NAME AN 5B. CONTRA	ided herein, all terms and conditions of the identification of the identification of the conditions of the identification of the conditions of the condition	February 28, 2018 ry 31, 2018	as ! 16 A 16		R (Турк	or print)	DATE SIGNED
Previous edition							(REV. 10-83)
						by GSA R) 53.243	

REFERENCE NO OF DOCUMENT BEING CONTINUED CONTINUATION SHEET PAGE OF EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00002 2 6

NAME OF OFFEROR OR CONTRACTOR

MNO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT
		(0)	(0)	(E)	(F)
	Field Office Point of Contac		Ĺ		
	915-856-(b)(6)(b) Alternate Field Office POC: (b)(6)(b)(7)(C) 915				
	856-3 <mark>b)(6)(b)(7)(c) 915</mark>			1	
	Contracting Officer's Representative (COR):(0)(6)(0	ł			
1	(b)(6);(b)(7)(C) (915) 834-4 (b)(0)		1 1		
	Alternate COR: (b)(6),(b)(7)(C) (915) 834-(b)(6)		1	· i	
	Contracting Officer (D)(B)(D)(7)(C) (202)			1	
	The obligated amount of this Task Order has			J	
	increased:				
	From(b)(4)	ł .		1	
	By:				
	To:			1	
	The funding provided in this modification is the			ļ	
	amount presently available for payment and				
	allotted to this task order. The service provider	}			
	agrees to perform to the point that does not exceed the total amount currently allotted to the			ſ	
	items currently funded under this task order. The	1 1		1	
	service provider is not authorized to continue to			ĺ	
	work on those item(s) beyond that point. The	ł I		1	
	Government will not be obligated to reimburse the	lí			
	service provider in excess of the amount allotted to those item(s) for performance beyond the			ł	
	funding allotted.			J	
	**********	l			
ı	Exempt Action: Y Sensitive Award: SPII			1	
J	Delivery: 30 Days After Award		1		
	Discount Terms:				
	Net 30 Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL				
- 1	IMMIGRATION AND CUSTOMS ENFORCEMENT			1	
	801 I STREET NW	ı		- 1	
- 1	SUITE 900			1	
	WASHINGTON DC 20536	Ť	1		
	Accounting Info:	1		ĺ	
0	b)(7)(E)				
		[1		
	FUB: Destination				
	Period of Performance: 02/01/2017 to 01/31/2018		1	J	
	Change Item 0006 to read as follows(amount shown				
	Continued	- 1		ŀ	
			1		
Í	İ	- 1	1		
				1	

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00002

PAGE OF 3

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT
	is the total amount):	(0)	10)	(E)	(F)
0006	Medical, Dental, and Check Cashing Transportation (effective 3/1/2016) at a rate of (D)(4) per month.				110,440.0
	Funding provided has increased: From(b)(4) By: To:				
	Add Item 0006A as follows:				
0006A	Stationary Guard Rate	0)(4)			6,307.0
	per hour				0,507.0
	Funding has increased: From: \$0.00 By: (b)(4) To:				
	Add Item 0006B as follows:			1	
006В	Overtime Stationary Guard Rate	b)(4)			6,325.7
(b	per hour				
	Funding has increased: From: \$0.00 By: (b)(4) To:				
ĺ	**********		İ		
- 1	Invoicing Instructions: Service Providers/Contractors shall use these procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email to:			ŀ	
	Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include				
	the 'bill to' address shown below: Continued			1	
	Concommentary (1.1.1)				
7540-01-152-80	W7		\perp		

REFERENCE NO. OF DOCUMENT BEING CONTINUED
EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00002

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TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	DHS, ICE				
	Financial Operations - Burlington	1	1 1		
	P.O. Box 1620	1	1.1		
	ATTN: ICE-ERO-FOD-FEP		łΙ		
	Williston, VT 05495-1620	l		ł	
			1		
	Note: the Service Provider's or Contractor's Dunn				
	and Bradstreet (D&B) DUNS Number must be		1.1	1	
	registered in the System for Award Management		ł I		
	(SAM) at https://www.sam.gov prior to award and	Į.		ł	
	shall be notated on every invoice submitted to				
	ensure prompt payment provisions are met. The ICE		1		
	program office identified in the task			- 1	
	order/contract shall also be notated on every	ĺ	11		
	invoice.		11		
				1	
	2. Content of Invoices: Each invoice submission	ſ	1		
	shall contain the following information:				
	(i) Name and address of the Service			1	
	Provider/Contractor. Note: the name, address and				
	DUNS number on the invoice MUST match the		f I		
	information in both the Contract/Agreement and				
	the information in the SAM AS				
1	the information in the SAM. If payment is				
	remitted to another entity, the name, address and	l.			
	DUNS information of that entity must also be				
	provided which will require Government			1	
	verification before payment can be processed;				
	(ii) Dunn and Bradstreet (D&B) DUNS Number;				
	(iii) Invoice date and invoice number;			f	
	(iv) Agreement/Contract number, contract line				
	item number and, if applicable, the order number;	1	1	1	
	(v) Description, quantity, unit of measure, unit			i	
	price, extended price and period of performance		- f		
	of the items or services delivered;			1	
	(vi) Shipping number and date of shipment,				
	including the bill of lading number and weight of				
	shipment if shipped on Government bill of lading;	1	8	J	
- 1	(vii) Terms of any discount for prompt payment			1	
	offered;	J	- 1		
	(viii) Remit to Address;	ı	- 1	1	
1	(ix) Name, title, and phone number of person to		J		
	notify in event of defective invoice; and				
ł	With the contract of the contr			<u> </u>	
	3. Invoice Supporting Documentation. In order to				
	ensure payment, the vendor must also submit	ĺ		ļ	
	supporting documentation to the Contracting				
	Officer's Representative (COR) identified in the	1	1		
	contract as described below. Supporting			ļ	
- 1	documentation shall be submitted to the COR or		J		
	contract Point of Contact (POC) identified in the		- [
	Continued	1			
				ſ	
		Į.	1		
ļ			J		
				I .	

REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00002

PAGE OF

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY	ТІИ	UNIT PRICE	AMOURE
(A)	(B)		(D)	(E)	AMOUNT (F)
	contract or task order with all invoices, as	1	-	,-/	(1)
	appropriate. See paragraph 4 for details	1 1		20	
	regarding the safeguarding of information.	1 1	1	f	
	Invoices without documentation to support	1 1		1	
	invoiced items, containing charges for items		- 1	1	
	outside the scope of the contract, or not based			1	
	on the most recent contract base or modification	1 1	- 1		
	rates will be considered improper and returned				
	for resubmission. Supporting documentation		- 1		
	requirements include:	1		J	
	(i) Firm Fixed Price Items (items not subject to	1 1			
	any adjustment on the basis of the contractor's	t I			
	cost experience, such as pre-established monthly	1 1		Ì	
ì	guaranteed minimums for detention or	1 1			
	transportation): do not require detailed	1 1	- 1	1	
1	supporting documentation unless specifically	1 1			
	requested by the Government.	1 1		ł	
	(ii) Fixed Unit Price Items (items for allowable				
	incurred costs, such as detention and/or	1		- 1	
	transportation services with no defined minimum				
- 1	quantities, stationary guard or escort services,	1 1		J	
	transportation mileage or other Minor Charges	1 1		į.	
	such as sack lunches and detainee wages): shall	1 1			
	be fully supported with documentation	1 1		· ·	
- 1	substantiating the costs and/or reflecting the	} I			
	established price in the contract and submitted				
J	in .pdf format.	!	-1		
- 1	(iii) Detention Services:			1	
	(1) Bed day rate;				
1	(2) Resident's/detainee's check-in and check-out dates;			1	
			1		
ſ	(3) Number of bed days multiplied by the bed day rate;			ļ	
	(4) Name of each detainee;				
- 1	(5) Resident's/detainee's identification			J	
	information				
,	(iv) Transportation Services:			ļ	
	(1) The mileage rate being applied for that		1		
	invoice.				
- 1	(2) Monthly billing reports listing		1	ſ	
J	transportation services provided; number of			1	
	miles; transportation routes provided; locations	1		ſ	
	serviced and/or names/numbers of detainees				
	transported; an itemized listing of all other				
- 1,	charges; and, for reimbursable expenses (e.g.				
- 1	travel expenses, special meals, etc.) copies of	1		1	
	all receipts.				
	(v) Stationary Guard Services:	1		. 1	
	(1) The itemized monthly invoice shall state the		1		
1	number of hours being billed, the duration of the	1		1	
	Continued		1		
	run repurcus rates (17070)			1	
		1	1		
- 1	I			1	
- 1		- 1	1		

REFERENCE NO OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00002

PAGE OF

EM NO.	SUPPLIES/SERVICES	QUANTIT	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	billing (times and dates) and the name of the	1			
	resident(s)/detainee(s) that was/were guarded.	1			
	(vi) Other Direct Charges:	ì	1 1	1	
	The invoice shall include appropriate supporting	1	1		
	documentation for any direct charge billed for	ł			
	reimbursement.		11	Ť	
	A AND AND AND AND AND AND AND AND AND AN		l I		
	4. Safeguarding Information: As a contractor or	1	11		
	vendor conducting business with Immigration and		11		
	Customs Enforcement (ICE), you are required to		1		
	comply with DHS Policy regarding the safeguarding	l	1 1		
	of Sensitive Personally Identifiable Information		11	f	
-	(PII). Sensitive PII is information that	l	1		
	identifies an individual, including an alien, and				
	could result in harm, embarrassment,	1	1 1	İ	
	inconvenience or unfairness. Examples of				
	Sensitive PII include information such as: Social	ļ		J	
	Security Numbers, Alien Registration Numbers	1	1 1		
	(A-Numbers), or combinations of information such		1		
	as the individual's name or other unique				
	identifier and full date of birth, citizenship, or immigration status.	1	H		
	As part of your obligation to safeguard		il		
	information the follow processing			1	
	information, the follow precautions are required: (i) Email supporting documents containing				
J	Sensitive PII in an encrypted attachment with		1		
- 1	password sent separately.			1	
	(ii) Never leave paper documents containing		1 (
	Sensitive PII unattended and unsecure. When not				
- 1	in use, these documents will be locked in			1	
	drawers, cabinets, desks, etc. so the information				
	is not accessible to those without a need to know.		e l		
J	(iii) Use shredders when discarding paper			i i	
1	documents containing Sensitive PII.		l i	ľ	
	(iv) Refer to the DHS Handbook for Safeguarding				
J	Sensitive Personally Identifiable Information			1	
	(March 2012) found at		1 1		
	b)(7)(E)				
	I tot more information on and/or examples of				
	Sensitive PII.			4	
			1		
- 1	If you have questions regarding payment,				
	please contact ICE Financial Operations at				
	1-877-491-6521 or by e-mail at		- 1	- I'	
- 1	OCFO.CustomerService@ice.dhs.gov				
	-				
	ļ		Į	1	
- 1			1		
		- 1		1	
- 1					
				ł	
			1		
- 4		- 1		ı	

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MOD FICATION NO	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO	1 6
P00005	See Block 16C	192117FEP00000694.1	5 PROJECT NO (If applicable)
6 ISSUED BY CODE		7 ADMINISTERED BY (If other than Item 6)	CODE ICE/DCR
ICEDETENTION COMPLIANCE REIMMIGRATION AND CUSTOMS ENFOFFICE OF ACQUISITION MANAGES 1 STREET NW SUITE (D)(G)(D)	MOVALS ORCEMENT EMENT	ICEDETENTION COMPLIANCE IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION MARKED BY ASHINGTON DC 20536	REMOVALS ENFORCEMENT ANAGEMENT
B NAME AND ADDRESS OF CONTRACTOR (Na. stre	et, county, State and ZIP Code)	9A AMENDMENT OF SOLICITATION NO.	12 22 2
COUNTY OF OTERO 26 MCGREGOR RANGE RD CHAPARRAL NM 880817753		98 DATED (SEE ITEM 11)	
		× 10A MODIFICATION OF CONTRACT/ORD EROIGSA-14-0001, HSCEDM-17-F-IG138 10B DATED (SEE ITEM 13)	ÉR NÓ.
CODE 8290769130000	FACILITY CODE	03/20/2017	
The above numbered solicitation is amended as set		TO AMENDMENTS OF SOLICITATIONS	s extended.
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an of reference to the solicitation and this amendment, and 12 ACCOUNTING AND APPROPRIATION DATA (If respectively).	to the solicitation and amendment no OFFERS PRIOR TO THE HOUR ANt (er already submitted, such change med is received prior to the opening hour quired)	let Increase:	IT TO BE RECEIVED AT DE YOUR OFFER If by gram or letter makes \$1,999,905.18
13, THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORI	DERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
		THE CHANGES SET FORTH IN ITEM 14 ARE MADE	
appropriation date, etc.) SET FORT		ECT THE ADMINISTRATIVE CHANGES (such as char AUTHORITY OF FAR 43 103(b)	rgaan paying amaa,
D OTHER (Spealy type of modification X Unilateral Funding			
		at and return copies to the i	seving office
E. IMPORTANT: Contractor Sis not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION	☐ is required to sign this document (Organized by UCF section headings)		
DUNS Number: 829076913 Field Office Point of Contact Alternate Field Office POC: Contracting Officer's Repres Alternate COR: ((b)(6)(b)(7)(C) Contracting Officer: (0)(6)(b)(7)(7)	(b)(b)(b)(7)(C) 915 85 sentative (COR): (b)((915) 83(b)(6)	(6);(b)(7)(C) 915) 834-(b)(6);(5
The purpose of this modification	ation to the FV 17	Task Order is to provide ad	dditional funding
for detention services for		The state of the s	and the same of th
provisions of the Otero Cour			
EROIGSA-14-0001. Funding in		is provided.	
Continued		•	
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	the document referenced in Item 9 A o	x 10A, as heretofore changed, remains unchanged ar (b)(6)(b)(7)(C)	nd in full force and effect.
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		16C DATE SIGNED
(Signature of person authorized to sign) NSN 7540-01-152-8070		jurginus ar anisasing amony	STANDARD FORM 30 (REV 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243

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REFERENCE NO OF DOCUMENT BEING CONTINUED
EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00005

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OF 6

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	(6)	(0)	(0)	(2)	(E)
	The obligated amount of this Task Order has			İ	
	increased: From (b)(4)				
	By:				
	To:				
	The funding provided in this modification is the				
	amount presently available for payment and				
	allotted to this task order. The service provider				
	agrees to perform to the point that does not				
	exceed the total amount currently allotted to the items currently funded under this task order. The				
	service provider is not authorized to continue to				
	work on those item(s) beyond that point. The				
	Government will not be obligated to reimburse the				
	service provider in excess of the amount allotted to those item(s) for performance beyond the				
	funding allotted.				
	Exempt Action: Y Sensitive Award: SPII				
	Delivery: 30 Days After Award				
	Discount Terms:				
	Net 30 Delivery Location Code: ICE/ERO	1			14
	ICE ENFORCEMENT REMOVAL	•			
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW SUITE 900				
	WASHINGTON DC 20536	3			
	FOB: Destination				
	Period of Performance: 02/01/2017 to 01/31/2018				
	Change Item 0001 to read as follows(amount shown				
	is the total amount):	310			
0001	DETAINEE HOUSING Bed day rate: (b)(4) Day (1-850			ļ	1,999,905.18
	and 1000+ detainees)				
	Beds Funded has increased:			ł	
	From (b)(4)			ı	
	By: 2 To:			İ	
	Funding for this CLIN has increased:			İ	
	From (D)(4)				
	By:				
	To:				
	Continued				
NSN 7540-01-15	2.007				OPTIONAL FORM 336 (4-86)

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00005 3 6

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF OTERO

NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
.)	(B)	(C)	(D)	(E)	(F)
	December 7-6-		l 1	1	
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	(0)(1)(2)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
8	Funded: \$0.00				
	Accounting Info:				
	b)(7)(E)	1			
	10 (U)(4)	l			
	Funded: (0)(9)				
	Invoicing Instructions:				
	Service Providers/Contractors shall use these				
	procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via	1			
	email to:				
	Invoice.Consolidation@ice.dhs.gov	1			
	Each email shall contain only one (1) invoice and				
	the subject line of the email will annotate the invoice number. The emailed invoice shall include	İ			
	the 'bill to' address shown below:	l			
	DHS, ICE				
	Financial Operations - Burlington				
	P.O. Box 1620 ATTN: ICE-ERO-FOD-FEP				
	Williston, VT 05495-1620				
	Note: the Service Provider's or Contractor's Dunn				
	and Bradstreet (D&B) DUNS Number must be				
	registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and				
	Continued				
	The state of the s				
	000	I	1 1	I .	

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CONTINUATION SHEET	F
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REFERENCE NO OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00005

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OF 6

EM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	THUOMA
(A)	(B)	(C)	(D)	(E)	(F)
	shall be notated on every invoice submitted to	1	\vdash		
	ensure prompt payment provisions are met. The ICE		1 1		
	program office identified in the task		1 1		
	order/contract shall also be notated on every		1 1		
	invoice.		ы		
	IIIVOIGE.		ш		
	2. Content of Invoices: Each invoice submission		1 1		
	shall contain the following information:		1 1		
	(i) Name and address of the Service		1 1		
	Provider/Contractor. Note: the name, address and		1 1		
			1 1		
	DUNS number on the invoice MUST match the		1 1		
	information in both the Contract/Agreement and		1 1		
	the information in the SAM. If payment is		1 1		
	remitted to another entity, the name, address and		1 1		
	DUNS information of that entity must also be		1 1		
	provided which will require Government		1 1		
	verification before payment can be processed;				
	(ii) Dunn and Bradstreet (D&B) DUNS Number;				
	(iii) Invoice date and invoice number;				
	(iv) Agreement/Contract number, contract line		1 1		
	item number and, if applicable, the order number;		1 1		
	(v) Description, quantity, unit of measure, unit		1 1		
	price, extended price and period of performance		1 1		
	of the items or services delivered;		1 1		
	(vi) Shipping number and date of shipment,	l	1 1		
	including the bill of lading number and weight of		1 1		
	shipment if shipped on Government bill of lading;		1 1		
	(vii) Terms of any discount for prompt payment		1 1		
	offered;		1 1		
	(viii) Remit to Address;		1 1		
	(ix) Name, title, and phone number of person to		1 1		
	notify in event of defective invoice; and		П		
	3 Taurian Currentian Decumentation To and a to	!	П		
	3. Invoice Supporting Documentation. In order to	1	1 1		
	ensure payment, the vendor must also submit		1 1		
	supporting documentation to the Contracting		1 1		
	Officer's Representative (COR) identified in the	1	1 1		
	contract as described below. Supporting		1 1		
	documentation shall be submitted to the COR or		1 1	1	
	contract Point of Contact (POC) identified in the		1 1		
	contract or task order with all invoices, as		1 1		
	appropriate. See paragraph 4 for details		1 1		
	regarding the safeguarding of information.		1 1	i	
	Invoices without documentation to support		1 1		
	invoiced items, containing charges for items		1 1		
	outside the scope of the contract, or not based				
	on the most recent contract base or modification				
	rates will be considered improper and returned				
	for resubmission. Supporting documentation				
	requirements include:				
	Continued	1			
		1			
	h-1				
		1			
		1	1 1		

CONTINUATION CUEET	REFERENCE NO OF DOCUMENT BEING CONTINUED		72
CONTINUATION SHEET	EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00005		

NAME OF OFFEROR OR CONTRACTOR COUNTY OF OTERO

TEM NO.	SUPPLIES/SERVICES	QUANTIT	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(i) Firm Fixed Price Items (items not subject to	1	1		
	any adjustment on the basis of the contractor's		1 1		
	cost experience, such as pre-established monthly	1	1 1		
	guaranteed minimums for detention or	1			
	transportation): do not require detailed	1			
	supporting documentation unless specifically	l	1 1		
	requested by the Government.	l			
	(ii) Fixed Unit Price Items (items for allowable	l	1		
	incurred costs, such as detention and/or	l	1		
	transportation services with no defined minimum	l	1		
	quantities, stationary guard or escort services,	l	1		
	transportation mileage or other Minor Charges	l	11		
	such as sack lunches and detainee wages): shall	l	11		
	be fully supported with documentation	l	11		
	substantiating the costs and/or reflecting the	l	11		
	established price in the contract and submitted	l	11	ľ	
	in .pdf format.	l			
	(iii) Detention Services:	l		ŀ	
	(1) Bed day rate;	l		1	
	(2) Resident's/detainee's check-in and check-out	l	1 1	1	
	dates;	1		1	
	(3) Number of bed days multiplied by the bed day	ŀ	11	- 1	
	rate;		11		
	(4) Name of each detainee;		11		
	(5) Resident's/detainee's identification		11		
	information		11		
	(iv) Transportation Services:		11		
	(1) The mileage rate being applied for that		11		
	invoice.		11		
	(2) Monthly billing reports listing		11		
	transportation services provided; number of		11		
	miles; transportation routes provided; locations		11		
	serviced and/or names/numbers of detainees		11		
	transported; an itemized listing of all other		11		
	charges; and, for reimbursable expenses (e.g.		11		
	travel expenses, special meals, etc.) copies of		11		
	all receipts.	ļ	1 1		
	(v) Stationary Guard Services:				
	(1) The itemized monthly invoice shall state the	1	1		
	number of hours being billed, the duration of the	1			
	billing (times and dates) and the name of the		1		
	resident(s)/detainee(s) that was/were guarded.		1 1		
	(vi) Other Direct Charges:		1 1		
	The invoice shall include appropriate supporting		1 1		
	documentation for any direct charge billed for		1 1		
	reimbursement.		1 1		
	4. Safeguarding Information: As a contractor or				
	vendor conducting business with Immigration and				
	Customs Enforcement (ICE), you are required to				
	Continued			1	
				ł	
			1 1		

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00005	6		6

NAME OF OFFEROR OR CONTRACTOR

	(B)	(C)	(D)	(5)	1
100	(5)	(0)	(U)	(E)	(F)
(iciss) aio Ai(sp(sidi) d) fs 5 pl	comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individual's name or other unique identifier and full date of birth, citizenship, or immigration status. As part of your obligation to safeguard information, the follow precautions are required: (i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately. (ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. (iii) Use shredders when discarding paper documents containing Sensitive PII. (iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at DICK(E) for more information on and/or examples of Sensitive PII. 5. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov				
1		1	1 1	1	

NSN 7540-01-152-8087

AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CO	NITRACT		1. CONTRACT ID CODE		PAGE OF PAGES			
AMENDINE	NI OF SOCIOTATION/INODITION	ATION OF GC	JNIKACI				1	6		
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE	DATE		EQUISITION/PURCHASE REQ. NO.	5. PRO	OJECT NO. (If applicable)		
P00006		See Bloo	k 16C	192	2118FEP00000007					
6. ISSUED BY	CODE	ICE/DCR		7. A	DMINISTERED BY (If other than Item 6)	CODE	ICE/D	CR		
ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUIT (0)(6)(6) WASHINGTON DC 20536				IM OF 80	EDETENTION COMPLIANCE R MIGRATION AND CUSTOMS EN FICE OF ACQUISITION MANA 1 I STREET NW SUITE SHINGTON DC 20536		EMENT			
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and	ZIP Code)	(x)	PA. AMENDMENT OF SOLICITATION NO.			= = = = = = = = = = = = = = = = = = = =		
2011111111 0	NT 000000			(^)						
26 MCGRE	DF OTERO GGOR RANGE RD AL NM 880817753				BB. DATED (SEE ITEM 11)					
				^]	IOA. MODIFICATION OF CONTRACT/ORDER NEROIGSA-14-0001, HSCEDM-17-F-IG138 IOB. DATED (SEE ITEM 13)	0.				
CODE	0.7.501.00000	FACILITY COD	E		CONTRACTOR DESCRIPTION					
CODE 82	90769130000				03/20/2017					
-	numbered solicitation is amended as set fo	2007/17/25 10/07 123	9 750 CWRS 750	8 74788	DMENTS OF SOLICITATIONS r receipt of Offers	54% 2	is not exte	- 101 AL		
virtue of this reference to	s amendment you desire to change an offer the solicitation and this amendment, and it FING AND APPROPRIATION DATA (If requ edule	r already submitt is received prior t uired)	ed , such change may be to the opening hour and Net	e mad date : I r	PECIFIED MAY RESULT IN REJECTION OF YO de by telegram or letter, provided each telegram or specified. CCPEASE: MODIFIES THE CONTRACT/ORDER NO. AS DE	or letter r	makes	.		
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	PURSUANT TO: ((Specify authority) THE	CHAI	NGES SET FORTH IN ITEM 14 ARE MADE IN T	HE CON	NTRACT			
	2004 PM				ADMINISTRATIVE CHANGES (such as changes of the property of FAR 43.103(b).	in paying	g office,			
	C. THIS SUPPLEMENTAL AGREEMENT	I IS ENTERED II	NTO PURSUANT TO AU	JTHO	RITY OF:					
-	D. OTHER (Specify type of modification	and authority)								
х	Unilateral Funding M	a	ion							
E. IMPORTANT			sign this document and	t retu	m copies to the issuing	a office				
14. DESCRIPT DUNS Num Field Of	mber: 829076913 ffice Point of Contact	Organized by U(CF section headings, inc	luding	g solicitation/contract subject matter where feasib					
Contract	ce Field Office POC: <mark>(0)</mark> cing Officer's Represe ce COR <mark>(b)(6)(b)(7)(C)</mark>		PRESIDENCE AND ADMINISTRATION OF THE PARTY O	e)Î	(915) 834 <mark>(b)(6),(b)(</mark>					
Contract	cing Officer: 2 <mark>(b)(6)(b)(7)</mark> Specialist: (b)(6)(b)(7)((C)	(202) 732-		6),(b					
					vide additional funding essing Center under the					
					ice Agreement (IGSA) ERO					
Continue		Intergo	vernmental se	er v	ice Agreement (IGSA) ERO	IGSA	-14-000	J1.		
		e document refer	renced in Item 9 A or 10/	Λ 20	heretofore changed, remains unchanged and in f	ull force	and offect			
	ND TITLE OF SIGNER (Type or print)	e document refer	enced in item 9 A or 10A	16/	A. NAME AND TITLE OF CONTRACTING OFFICE (6)(0)(7)(0)					
15B. CONTRA	ACTOR/OFFEROR		15C. DATE SIGNED	-						
	(Signature of person authorized to sign)									

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00006

NAME OF OFFEROR OR CONTRACTOR

COUNTY OF OTERO

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(A)	1, 100 to	(0)	(5)	(11)	(1)
	The purpose of this modification is as follows:				
	A. Incorporate Contract Line Item Number (CLIN 0001A) for Detention Services with a rate of				
	(0)(4) . This rate is in accordance with the				
	Intergovernmental Service Agreement				
	EROIGSA-14-0001 (P00009). (b)(4)				
	B. Provide funding in the amount of for Detention Services (CLIN 0001A).				
	C. As a result, the obligated amount of this				
	Task Order has increased:				
	From :(b)(4)				
	By: \$:	
	To: \$				
	The funding provided in this modification is the				
	amount presently available for payment and allotted to this task order. The service provider			:	
	agrees to perform to the point that does not				
	exceed the total amount currently allotted to the				
	items currently funded under this task order. The service provider is not authorized to continue to	:			
	work on those item(s) beyond that point. The				
	Government will not be obligated to reimburse the				
	service provider in excess of the amount allotted to those item(s) for performance beyond the			:	
	funding allotted.				

	Exempt Action: Y Sensitive Award: SPII Accounting Info:				
	b)(7)(E)				
	FOB: Destination				
	Period of Performance: 02/01/2017 to 01/31/2018				
	Add Item 0001a as follows:				
0001a	Detention Services)(4)			,682,551.5
	Bed Day Rate of (0)(4) s of October 3, 2017 and				
	stated on P00009 of contract EROIGSA-14-0001.				
	The amount for this CLIN has increased				
	From (b)(4) By:	Ĝ.			
	To:				
	The quantity for this CLIN has increased:				
	Continued				
ISN 7540-01-15					

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OF

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(B) Fr	(C)	(D)	(E)	(F)
E ac.		-		1-7
H001-0				
Ву				
To				

Invoicing Instructions.				
. (2007년 10년 10년 12년 12년 12년 12년 12년 12년 12년 12년 12년 12				
email to:				
Invoice.Consolidation@ice.dhs.gov				
Each email shall contain only one (1) invoice and				
the subject line of the email will annotate the				
invoice number. The emailed invoice shall include				
the 'bill to' address shown below:				
DHS, ICE				
			E.	
Williston, VT 05495-1620			:	
Note: the Service Provider's or Contractor's Dunn				
(SAM) at https://www.sam.gov prior to award and			:	
shall be notated on every invoice submitted to				
ensure prompt payment provisions are met. The ICE				
program office identified in the task			j	
order/contract shall also be notated on every				
invoice.				
O Contract of Tarritory Back invalidation				
AND THE COURT OF T				
provided which will require Government				
verification before payment can be processed;				
(ii) Dunn and Bradstreet (D&B) DUNS Number;				
(iii) Invoice date and invoice number;				
(iv) Agreement/Contract number, contract line				
item number and, if applicable, the order number;				
(v) Description, quantity, unit of measure, unit				
Continued				
	Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the 'bill to' address shown below: DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE-ERO-FOD-FEP Williston, VT 05495-1620 Note: the Service Provider's or Contractor's Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. 2. Content of Invoices: Each invoice submission shall contain the following information: (i) Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed; (ii) Dunn and Bradstreet (D&B) DUNS Number; (iii) Invoice date and invoice number; (iv) Agreement/Contract number, contract line item number and, if applicable, the order number; (v) Description, quantity, unit of measure, unit	Invoicing Instructions: Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email to: Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the 'bill to' address shown below: DHS, ICE Financial Operations - Burlington P.O. 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REFERENCE NO. OF DOCUMENT BEING CONTINUED
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EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	price, extended price and period of performance				
	of the items or services delivered;			l:	
	(vi) Shipping number and date of shipment,				
	including the bill of lading number and weight of		H		
	shipment if shipped on Government bill of lading;				
	(vii) Terms of any discount for prompt payment				
	offered;			i.	
	(viii) Remit to Address;			1	
	(ix) Name, title, and phone number of person to			1	
	notify in event of defective invoice; and				
	3. Invoice Supporting Documentation. In order to				
	ensure payment, the vendor must also submit				
	supporting documentation to the Contracting				
	Officer's Representative (COR) identified in the				
	contract as described below. Supporting				
	documentation shall be submitted to the COR or				
	contract Point of Contact (POC) identified in the				
	contract or task order with all invoices, as				
	appropriate. See paragraph 4 for details				
	regarding the safeguarding of information.				
	Invoices without documentation to support				
	invoiced items, containing charges for items				
	outside the scope of the contract, or not based				
	on the most recent contract base or modification				
	rates will be considered improper and returned				
	for resubmission. Supporting documentation				
	requirements include:				
	(i) Firm Fixed Price Items (items not subject to				
	any adjustment on the basis of the contractor's				
	cost experience, such as pre-established monthly				
	guaranteed minimums for detention or				
	transportation): do not require detailed				
	supporting documentation unless specifically				
	requested by the Government.				
	(ii) Fixed Unit Price Items (items for allowable				
	incurred costs, such as detention and/or				
	transportation services with no defined minimum				
	quantities, stationary guard or escort services,				
	transportation mileage or other Minor Charges				
	such as sack lunches and detainee wages): shall				
	be fully supported with documentation				
	substantiating the costs and/or reflecting the				
	established price in the contract and submitted				
	in .pdf format.				
	(iii) Detention Services:				
	(1) Bed day rate;				
	(2) Resident's/detainee's check-in and check-out				
	dates;				
	(3) Number of bed days multiplied by the bed day				
	Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00006

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EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	rate;		1 1		
	(4) Name of each detainee;	:	1 1	E.	
	(5) Resident's/detainee's identification		1 1		
	information		1 1		
	(iv) Transportation Services:		1 1		
	(1) The mileage rate being applied for that		1 1		
	invoice.		+ +		
	(2) Monthly billing reports listing				
	transportation services provided; number of		1 1		
	miles; transportation routes provided; locations		1 1		
	serviced and/or names/numbers of detainees		1 1		
	transported; an itemized listing of all other		1 1		
	charges; and, for reimbursable expenses (e.g.		1 1		
	travel expenses, special meals, etc.) copies of		1 1		
	all receipts.		+ +		
	(v) Stationary Guard Services:			F	
	(1) The itemized monthly invoice shall state the		1 1		
	number of hours being billed, the duration of the	2	1 1		
	billing (times and dates) and the name of the		1 1		
	resident(s)/detainee(s) that was/were guarded.		1 1		
	(vi) Other Direct Charges:		1 1	F	
	The invoice shall include appropriate supporting		1 1		
	documentation for any direct charge billed for		+ +	6	
	reimbursement.	2		E	
	Telimbulsement.		1 1		
	4. Safeguarding Information: As a contractor or		1 1		
	vendor conducting business with Immigration and		1 1		
	Customs Enforcement (ICE), you are required to		1 1		
	comply with DHS Policy regarding the safeguarding		1 1		
	of Sensitive Personally Identifiable Information		1 1		
	(PII). Sensitive PII is information that		1 1		
	identifies an individual, including an alien, and		1 1		
	could result in harm, embarrassment,		1 1		
	inconvenience or unfairness. Examples of		1 1		
	Sensitive PII include information such as: Social		1 1		
	Security Numbers, Alien Registration Numbers		1 1		
	(A-Numbers), or combinations of information such		1 1		
	as the individual's name or other unique		1 1		
	identifier and full date of birth, citizenship,		1 1		
	or immigration status.		1 1		
	As part of your obligation to safeguard		1 1		
	information, the follow precautions are required:		1 1		
	(i) Email supporting documents containing		1 1		
	Sensitive PII in an encrypted attachment with		1 1		
	password sent separately.		1 1		
	(ii) Never leave paper documents containing				
	Sensitive PII unattended and unsecure. When not			ľ	
	in use, these documents will be locked in				
	drawers, cabinets, desks, etc. so the information				
	is not accessible to those without a need to know.				
	Continued				
	Concinued				
	I .	1	1		

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00006 PAGE OF 6 6

NO.	SUPPLIES/SERVICES	QUANTITY	SHARKA	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	(iii) Use shredders when discarding paper				
	documents containing Sensitive PII.				
	(iv) Refer to the DHS Handbook for Safeguarding				
	Sensitive Personally Identifiable Information		l i		
	(March 2012) found at				
	(b)(7)(E)				
				:	
	f for more information on and/or examples of	_			
	Sensitive PII.				
	Sensitive III.			-	
	5. If you have questions regarding payment,				
	please contact ICE Financial Operations at				
	1-877-491-6521 or by e-mail at				
	OCFO.CustomerService@ice.dhs.gov				
	Octo.cuscomerserviceerce.uns.gov				
		3		-	
			li		
		6			
			1		

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE	PAG	GE OF PAGES
		1	4	1	1 6
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO. 118FEP00000020	5. PROJEC	CT NO. (If applicable)
P00007 6. ISSUED BY CODE	See Block 16C		DMINISTERED BY (If other than Item 6)	CODE T	
	MENT	ICH IMN OFI 80:	EDETENTION COMPLIANCE F	± REMOVALS	ENT
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.		
COUNTY OF OTERO					
26 MCGREGOR RANGE RD		9	B. DATED (SEE ITEM 11)		-
CHAPARRAL NM 880817753					
		x 1	OA. MODIFICATION OF CONTRACT/ORDER	NO.	-
		I E	GROIGSA-14-0001,		
		- I - 0	ISCEDM-17-F-IG138		92
CODE 8290769130000	FACILITY CODE	_	0B. DATED (SEE ITEM 13)		
8290769130000			03/20/2017		
The above numbered solicitation is amended as set for	11. THIS ITEM ONLY APPLIES TO	7.00st 300st	D (0)042500 D(-6) 00	101 A-21	s not extended.
THE PLACE DESIGNATED FOR THE RECEIPT OF 0 virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If requised See Schedule	r already submitted , such change ma is received prior to the opening hour a	y be mad ind date s	e by telegram or letter, provided each telegram		
	ODIEICATION OF CONTRACTS/ODD	EDS IT I	MODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED IN	ITEM 14
	CT/ORDER IS MODIFIED TO REFLEC IN ITEM 14, PURSUANT TO THE AU	OT THE A	IGES SET FORTH IN ITEM 14 ARE MADE IN TO DMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).		
D. OTHER (Specify type of modification	and authority)				
X Unilateral Funding M	Modification				
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return	copies to the issuir	na office	
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 829076913 Field Office Point of Contact		including			
Alternate Field Office POC:	915 856	-	and the second s		
Contracting Officer's Repres			(915) 834 <mark>(b)(6);(b)</mark>		
Alternate COR <mark>(b)(6);(b)(7)(C)</mark>	(915) 834-4 <mark>D</mark>				
Contracting Officer:(b)(6)(b)(7)(C	(202) 73	2-(b)(6	5);(
Contract Specialist:(0)(6);(0)(7)(C		(b)(
This modification to the FY	17 Task Order is to				
services for ICE detainees a					
the Otero County, New Mexico Continued	intergovernmental	serv:	ice Agreement (IGSA) ERC	TG2W-I	4-0001.
Except as provided herein, all terms and conditions of the	a document referenced in Item 0 A as	104 00 5	peretofore changed remains unchanged and in	full force and	effect
15A. NAME AND TITLE OF SIGNER (Type or print)	le document referenced in item 9 A or		6);(b)(7)(C)	idii iorce and	ellect.
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED				by, ou=ICE, D.P.CASTERLINE JR.
(Signature of person authorized to sign) NSN 7540-01-152-8070			(Signature of Contracting Officer)	STANDARD FO	ORM 30 (REV. 10-83)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

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6

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	The purpose of this modification is as follows: A. Provide funding in the amount of for Detention Services (CLIN 0001A). B. As a result, the obligated amount of this Task Order has increased:				
	From (b)(4) By: To:				
	The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ***********************************				
	Change Item 0001a to read as follows(amount shown is the total amount):				
0001a	Detention Services Bed Day Rate of (b)(4) as of October 3, 2017 and stated on P00009 of contract EROIGSA-14-0001.				5,365,103.1
	The amount for this CLIN has increased From: (b)(4) By: \$ To: \$				
	The quantity for this CLIN has increased: From (b)(4) By: To:				
	Accounting Info:				
(b)(7)(E)				
	Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-14-0001,/HSCEDM-17-F-IG138/P00007

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OF 6

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Funded: \$0.00	1	\vdash		
	Accounting Info:				
	(b)(7)(E)				
	-				
	Funded:(0)(4)				

	Invoicing Instructions:				
	Service Providers/Contractors shall use these				
	procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be				
	submitted in a .pdf format on a monthly basis via				
	Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and				
	the subject line of the email will annotate the				
	invoice number. The emailed invoice shall include				
	the 'bill to' address shown below:				
	die gill to dadross sieni geren.				
	DHS, ICE				
	Financial Operations - Burlington				
	P.O. Box 1620				
	ATTN: ICE-ERO-FOD-FEP				
	Williston, VT 05495-1620				
	COSCO ME NETWO LANGE NO DESCRIPTION OF THE NO CHARLE OF ME NOTE AND				
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	and Bradstreet (D&B) DUNS Number must be				
	registered in the System for Award Management				
	(SAM) at https://www.sam.gov prior to award and				
	shall be notated on every invoice submitted to				
	ensure prompt payment provisions are met. The ICE program office identified in the task				
	order/contract shall also be notated on every	ā i			
	invoice.			6	
	invoice.			1	
	2. Content of Invoices: Each invoice submission				
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	(i) Name and address of the Service				
	Provider/Contractor. Note: the name, address and				
	DUNS number on the invoice MUST match the	į į			
	information in both the Contract/Agreement and				
	the information in the SAM. If payment is				
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	(iii) Invoice date and invoice number;				
	(iv) Agreement/Contract number, contract line			-	
	Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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(B) item number and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price, extended price and period of performance	(C)	(D)	(E)	(F)
(v) Description, quantity, unit of measure, unit price, extended price and period of performance		П		
price, extended price and period of performance				
The property services where the Section is the contract of the				
of the items or services delivered;		1 1		
(vi) Shipping number and date of shipment,				
including the bill of lading number and weight of		ш		
shipment if shipped on Government bill of lading;		1 1		
(vii) Terms of any discount for prompt payment				
offered;		1 1		
(viii) Remit to Address;				
(ix) Name, title, and phone number of person to				
notify in event of defective invoice; and				
3. Invoice Supporting Documentation. In order to				
ensure payment, the vendor must also submit				
supporting documentation to the Contracting				
Officer's Representative (COR) identified in the				
contract as described below. Supporting				
documentation shall be submitted to the COR or				
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contract or task order with all invoices, as				
appropriate. See paragraph 4 for details				
regarding the safeguarding of information.				
Invoices without documentation to support		1 1		
invoiced items, containing charges for items				
outside the scope of the contract, or not based		ш		
on the most recent contract base or modification				
rates will be considered improper and returned		ш		
for resubmission. Supporting documentation		ш		
requirements include:		ш		
(i) Firm Fixed Price Items (items not subject to		ш		
any adjustment on the basis of the contractor's		ш		
cost experience, such as pre-established monthly				
guaranteed minimums for detention or		ш		
transportation): do not require detailed		ш		
supporting documentation unless specifically		1 1		
requested by the Government.		ш		
(ii) Fixed Unit Price Items (items for allowable		H		
incurred costs, such as detention and/or				
transportation services with no defined minimum				
quantities, stationary guard or escort services,				
transportation mileage or other Minor Charges				
such as sack lunches and detainee wages): shall				
be fully supported with documentation				
substantiating the costs and/or reflecting the				
established price in the contract and submitted				
in .pdf format.				
(iii) Detention Services:				
(1) Bed day rate;				
(2) Resident's/detainee's check-in and check-out				
Continued				
newyotracus or way as (IRRES) (All Control Con				
(r 3 e s C C C C C a r I i c C r f r (a c c c t s r (i t c t s k s e i () () C	dix) Name, title, and phone number of person to notify in event of defective invoice; and so notify in event of defective invoice; and so submit supporting documentation to the Contracting officer's Representative (COR) identified in the contract as described below. Supporting documentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or task order with all invoices, as appropriate. See paragraph 4 for details regarding the safeguarding of information. Invoices without documentation to support invoices without documentation to support invoiced items, containing charges for items outside the scope of the contract, or not based on the most recent contract base or modification requirements include: (ii) Firm Fixed Price Items (items not subject to any adjustment on the basis of the contractor's resubmission. 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(iii) Detention Services: (ii) Bed day rate; (iii) Bed day rate; (iv) Resident's/detainee's check-in and check-out	As a substitute of the contract base or modification at the most recent contract base or modification and substitute of the solution of the contractor of the supporting documentation to the Contracting officer's Representative (COR) identified in the contract as described below. Supporting documentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or task order with all invoices, as appropriate. See paragraph 4 for details regarding the safeguarding of information. Invoices without documentation to support invoiced items, containing charges for items outside the scope of the contract, or not based on the most recent contract base or modification rates will be considered improper and returned for resubmission. 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Supporting documentation requirements include: [ii) Firm Fixed Price Items (items not subject to may adjustment on the basis of the contractor's cost experience, such as pre-established monthly puranteed minimums for detention or cransportation): do not require detailed supporting documentation unless specifically requested by the Government. [iii) Fixed Unit Price Items (items for allowable incurred costs, such as detention and/or cransportation services with no defined minimum quantities, stationary guard or escort services, cransportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and submitted in .pdf format. [iii) Detention Services: [1) Bed day rate; [2) Resident's/detainee's check-in and check-out continued	Dix Name, title, and phone number of person to notify in event of defective invoice; and so invoice Supporting Documentation. In order to ensure payment, the vendor must also submit supporting documentation to the Contracting officer's Representative (COR) identified in the contract as described below. Supporting Gocumentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or task order with all invoices, as appropriate. See paragraph 4 for details regarding the safeguarding of information. Invoices without documentation to support invoiced items, containing charges for items outside the scope of the contract, or not based on the most recent contract base or modification rates will be considered improper and returned for resubmission. Supporting documentation requirements include: in) Firm Fixed Price Items (items not subject to may adjustment on the basis of the contractor's cost experience, such as pre-established monthly quaranteed minimums for detention or cransportation: do not require detailed supporting documentation unless specifically requested by the Government. ii) Fixed Unit Price Items (items for allowable incurred costs, such as detention and/or cransportation services with no defined minimum quantities, stationary guard or escort services, cransportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and submitted in pdf format. iii) Detention Services: 1) Bed day rate; 2) Resident's/detainee's check-in and check-out continued

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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EM NO. (A)	SUPPLIES/SERVICES	QUANTITY (C)	STREET	UNIT PRICE	AMOUNT (E)
A)	(B)	(C)	(D)	(E)	(F)
	dates;			l:	
	(3) Number of bed days multiplied by the bed day				
	rate;				
	(4) Name of each detainee;				
	(5) Resident's/detainee's identification			i:	
	information				
	(iv) Transportation Services:				
	(1) The mileage rate being applied for that			:	
	invoice.			1:	
	(2) Monthly billing reports listing				
	transportation services provided; number of			:	
	miles; transportation routes provided; locations serviced and/or names/numbers of detainees			1:	
		1		i-	
	transported; an itemized listing of all other			1	
	charges; and, for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of				
	all receipts.			1	
	(v) Stationary Guard Services:				
	(1) The itemized monthly invoice shall state the				
	number of hours being billed, the duration of the				
	billing (times and dates) and the name of the			1:	
	resident(s)/detainee(s) that was/were guarded.				
	(vi) Other Direct Charges:			1	
	The invoice shall include appropriate supporting	-		-	
	documentation for any direct charge billed for			1	
	reimbursement.				
	4. Safeguarding Information: As a contractor or				
	vendor conducting business with Immigration and				
	Customs Enforcement (ICE), you are required to				
	comply with DHS Policy regarding the safeguarding				
	of Sensitive Personally Identifiable Information				
	(PII). Sensitive PII is information that				
	identifies an individual, including an alien, and				
	could result in harm, embarrassment, inconvenience or unfairness. Examples of				
	Sensitive PII include information such as: Social				
	Security Numbers, Alien Registration Numbers				
	(A-Numbers), or combinations of information such				
	as the individual's name or other unique				
	identifier and full date of birth, citizenship,				
	or immigration status.				
	As part of your obligation to safeguard				
	information, the follow precautions are required:				
	(i) Email supporting documents containing				
	Sensitive PII in an encrypted attachment with				
	password sent separately.				
	(ii) Never leave paper documents containing				
	Sensitive PII unattended and unsecure. When not				
	in use, these documents will be locked in				
	Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-14-0001, /HSCEDM-17-F-IG138/P00007

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY	SELECTION	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	drawers, cabinets, desks, etc. so the information				
	is not accessible to those without a need to know.			1.	
	(iii) Use shredders when discarding paper				
	documents containing Sensitive PII.				
	(iv) Refer to the DHS Handbook for Safeguarding				
	Sensitive Personally Identifiable Information				
	(March 2012) found at (b)(4)				
				:	
				1.	
	f for more information on and/or examples of Sensitive PII.				
	Sensitive rii.				
	5. If you have questions regarding payment,				
	please contact ICE Financial Operations at				
	1-877-491-6521 or by e-mail at				
	OCFO.CustomerService@ice.dhs.gov				
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